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## Worldwide Report

# EPIDEMIOLOGY

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26 December 1985

# WORLDWIDE REPORT

## EPIDEMIOLOGY

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INTER-AMERICAN AFFAIRS

BRIEFS

BARBADOS AID FOR GRENADA--Bridgetown Barbados, Oct 22, Cana--Barbados is helping to boost Grenada's medical services under a scheme where Barbadian doctors are based for three to six month periods in St George's, a government release said today. Two doctors are already serving stints under the technical assistance programme which is co-sponsored by Project Hope and the medical sciences faculty of the Cave Hill Campus of the university of the West Indies here. Project Hope, an American organisation, has provided US20,000 dollars to the Barbados government to help cover expenses related extra to costs of the scheme, including air travel between Barbados and Grenada, and for the administration and coordination of the service.  
[Text] [Kingston THE DAILY GLEANER in English 23 Oct 85 p 15] /12851

MALARIA CONTROL MEETING--In Guyana, health officials from six Caribbean and Latin American nations have agreed to joint measures to battle the disease malaria. Senior medical technicians from Suriname, Trinidad and Tobago, French Guiana, Brazil, Venezuela and Guyana have authored the plans for preventing and controlling malaria in their respective countries. Also taking part in the meetings were representatives from the Pan American Health Organization and World Health Organization. They recommended that a program that Suriname has effectively set up be the model for neighboring countries to use and adapt for their own circumstances in combatting malaria. [Text]  
[Bonaire Trans World Radio in English 1130 GMT 15 Nov 85] /8309

CSO: 5440/21

BANGLADESH

BRIEFS

DIARRHEA DEATHS REPORTED--Diarrhoea has broken out in Srimongal. At least 20 persons died of diarrhoea during the last one month. The affected areas are Srimongal town and its adjacent areas. The disease is spreading rapidly to other places. Everyday at least four patients are being admitted to the hospital. [Text] [Dhaka THE BANGLADESH OBSERVER 16 Oct 85 p 7] /13104

DIARRHEA IN MOULVIBAZAR--Sporadic attack of diarrhoea has been reported from Kazirgaon, Khalpara, Barkapon and different areas of the pourasabha on Friday last. It is gathered that one Jahidullah, 50, of Barkapon died and seven others of different areas were attacked with the disease. Of the attacked, five were admitted into Moulvibazar Adarsha Hospital. When contacted, the Civil Surgeon, Moulvibazar, confirmed the attack of this disease and said it was caused by consumption of foodstuff and impure water. [Text] [Dhaka THE NEW NATION in English 16 Oct 85 p 2] /13104

YELLOW FEVER VACCINATIONS--Passengers and crew coming from or through the yellow fever affected countries in Africa and South America are required to carry valid international yellow fever vaccination certificates, reports BSS. An official handout said in Dhaka on Monday night that people coming from or through these countries without the certificates would be put into quarantine for 144 hours on arrival. The rule will be relaxed for no man woman or child in the interest of national health security, the handout said, adding: the port health officer's say would be final in this regard. Outgoing passenges intending to travel to or through the yellow fever affected countries are also required to obtain international yellow fever vaccination certificates from Zia International Airport at least ten days before undertaking the journey. The handout also said that is was no more necessary for the incoming passengers or those travelling to countres other than in the Middle East to carry international cholera vaccination certificates, the handout added. [Text] [Dhaka THE BANGLADESH TIMES in English 15 Oct 85 pp 1, 8] /13104

JAUNDICE, DYSENTERY ATTACKS--More than 50 persons have reportedly been attacked by jaundice and dysentery in different upazilas of Chapainawahganj district. Most of the badly-affected villages are Chakkirty, Polladanga, Monaksha, Raninagar of Shibganj upazila Moharajpur, Baroghoria, Chapainawabgonj sadar, Behula, Aurunbari of Chapalnawabgonj sadar upazila and Amlain, Fatepur and Hasanpur of Nuchol upazila. It is reported that Vutusha of Sarjan village, Moqbul Hossain 25 of Nachol upazila and Soma Devi of Gomastapur upazila died of jaundice while other seriously affected persons are undergoing treatment. No step has yet been taken by the District Health Authority to prevent these means. It may be mentioned here that a few days before 10 persons died of dysentery in different villages of two upazilas of the district. [Text] [Dhaka THE BANGLADESH TIMES in English 17 Oct 85 p 2] /13104

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CUBA

NO AIDS REPORTED TO DATE; PERSONS ENTERING COUNTRY MONITORED

Havana TRABAJADORES in Spanish 9 Oct 85 p 4

[Article by Luz Marina Fornieles]

[Text] - The panic that has been sparked recently by the mere mention of the term Acquired Immune Deficiency Syndrome (AIDS) has prompted the scientists of the world to wonder whether this disease, which dates back to 1980, may not be the plague of the 20th century.

After it appeared almost simultaneously in the U.S. cities of New York, San Francisco and Los Angeles, it became the scourge of the homosexual, drug addict and hemophiliac populations.

Homosexuals in the United States, who number about 20 million and represent all social strata, including the highest echelons of the political world, did not initially pay much attention to the news stories about AIDS.

According to recent surveys, about 15,000 people suffer from this disease. Of them, 12,612 live in the United States, 1,284 in Europe, 103 in Australia, 723 in Latin America (mostly in Haiti), and 15 in Asia.

Although some vaccines are now being tested, even medical experts have found no clear answer to AIDS. The most important manifestation of this illness is the dysfunction of the "T" lymphocytes of the immunological system. These are a kind of white blood cell that combats certain viruses, parasites and fungi in the human organism.

This syndrome affects certain blood cells that make up the body's natural defenses, and in this way the AIDS virus, HTLV-III, assaults internal membranes. When these membranes are attacked, they begin to multiply incorrectly and to lose their functions, until they end up disappearing.

Studies conducted among AIDS victims indicate that 75 percent are homosexuals between 20 and 30 years of age, and 20 percent are drug addicts who have abused drugs such as cocaine and heroin.

This research classifies AIDS as a sexually transmitted disease, since it is believed that HTLV-III is found in secretions such as semen and saliva.

The fact that semen deposited in the rectum leads to a decline in individuals' immunological resistance led analysts to discover the reason this illness is so widespread among homosexuals.

At this point, the scientific world, profoundly concerned about the 90 percent mortality rate among victims of this syndrome, admits that it may also be caused by unsterilized needles and blood transfusions involving the blood of AIDS carriers.

The victims suffer from infections of the lungs, the digestive tract, or the central nervous system, and from Kaposi's Sarcoma, a type of skin cancer that can be transmitted to other organs.

Specialists in the United States and France, who vie for credit for discovering the AIDS virus, agree that although there are no specific symptoms, the victims usually suffer from severe weight loss, fevers, fatigue and diarrhea.

The world scientific community does agree on the possibility that animals such as the African green monkey and horses and cattle may be natural reservoirs for Acquired Immune Deficiency Syndrome, which has taken 6,000 lives just in the place where it first appeared.

This death toll, which constantly threatens to grow, involves another enemy: the high cost of medical care for these cases, which totals some \$70,000 in the United States.

Obviously, not many people are in a position to meet these expenses, even though their very lives are at stake, because most of the victims are poor.

In Cuba, where so far no victims or suspected victims of the dread disease have appeared, preventive measures have been taken to keep the disease from spreading here.

National health authorities monitor all the people who enter the island, both nationals and foreigners, through the Tropical Medicine Institute and the existing health and epidemiology network in the country.

In addition, blood donors are questioned, given physical examinations and subjected to laboratory tests to forestall future complications.

Even though the Cuban nation is free of this scourge, the population must be alerted so that it will be aware of the causes, origins and means of transmission of this illness.

The importance of studying this grave problem with the participation of everyone was demonstrated recently in Geneva, Switzerland, during a conference that was convened to coordinate an overall strategy. Such action is imperative at this time.

Bibliography: Cadiz Lahens, Armando: "Acquired Immune Deficiency Syndrome" (1985).

DENMARK

# MINISTER, MEDICAL OFFICIAL REJECT AIDS REGISTERING PLAN

Copenhagen INFORMATION in Danish 21 Oct 85 p 3

[Text] The internal affairs minister and the medical director agree that AIDS should not be covered by the law on venereal diseases.

Both Internal Affairs Minister Britta Schall Holberg (Liberal) and her party colleague, medical director Soren K. Sorensen, are opposed to registering AIDS victims and including the illness as a venereal disease. But the medical director added that he would not rule out the possibility that it might "become necessary to propose separate legislation or inclusion under the law on venereal diseases" for AIDS if the desired limitation of the spread of the disease cannot be achieved through information and guidance.

These remarks were made against the background of articles in the daily press by Dr Axel Perdrup and the chairman of the Danish Dermatology Society, Professor Jorgen Sondergaard, chief physician at Bispebjerg Hospital.

## Drama Evaporating

The latter started off with the fact that the World Health Organization, WHO, has warned against comparing AIDS with the plague and smallpox epidemics of the Middle Ages. "If the public understands and accepts the fact that this is a sexually-transmitted disease a great deal of the drama connected with AIDS will evaporate," the professor wrote in Sunday's edition of BERLINGSKE TIDENDE.

He also felt the epidemic law is inapplicable because it involves pestilence and mandatory hospitalization while AIDS is primarily classified as a sexually-transmitted disease and as such can be treated at clinics for sexual diseases by adding a modest amount of extra resources.

Despite the fact that Soren K. Sorensen said that special legislation for AIDS victims might become necessary he also wrote in BERLINGSKE TIDENDE that most people consider this step inappropriate. He agreed with Jorgen Sondergaard that the epidemic law is not very useful because it covers diseases that are highly contagious.

But the medical director does not consider the law on venereal diseases very appropriate either. This is because the law makes it possible to impose fines or jail sentences of up to 6 months for people who expose others to infection through intercourse or other kinds of sexual relationship. This destroys anonymity and there is a danger of discrimination against gays in particular.

But the most important argument for Soren K. Sorensen is that people who are infected with AIDS, in contrast to venereal disease, are not immediately aware that they have been infected and that the disease cannot be cured by treatment at this time. At the same time a comparison of AIDS with venereal disease would cause a large part of the groups at risk to avoid testing if they suspect they have the disease.

Jorgen Sondergaard told MORGENAVISEN JYLLANDS-POSTEN that he has never heard of people with gonorrhea or syphilis being brought to court and that the sanctions included in the legislation on venereal diseases may have a preventive effect.

The internal affairs minister does not agree with that. She said this to the paper:

"What difference do threats of fines or imprisonment for up to 6 months make to people who know that they may be dead by then?"

She felt that AIDS victims have been punished enough--and said that several Danes have committed suicide after they were diagnosed as having the disease and that it would be too much if they were coerced by means of restrictions.

She did not favor registration of those tested but said that voluntary examination should be the first choice so that as many as possible will come to AIDS clinics for an examination.

The minister estimated that around 10,000 people in this country have been infected with AIDS.

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DENMARK

# COPENHAGEN OFFICIAL EXPLAINS MEASURES TO COMBAT AIDS

Copenhagen BERLINGSKE TIDENDE in Danish 29 Oct 85 p 12

[Text] "Copenhagen is not hesitating to take steps against AIDS. We are in full swing with implementation of the necessary steps and arguments about financing are not checking our efforts."

Jorgen Frederiksen, deputy mayor in charge of hospitals, made this comment in response to recent charges from various political quarters. He mentioned in this context the decision to give a senior physician at Hvidovre Hospital the freedom to work on preventive medical examinations for AIDS and the treatment of AIDS patients. Blood banks at the hospitals in Hvidovre and Bispebjerg were notified in October that they must test blood donations for AIDS and within a short time all blood from the blood banks will have been tested for AIDS.

The deputy mayor cooperated with Deputy Mayor for Social Affairs Pelle Jarmer in appointing a committee to seek ways to prevent the spread of infection from AIDS-infected prostitutes who are also drug addicts and systematic preventive medical checkups for AIDS have been implemented for drug addicts. The deputy mayor in charge of hospitals said that information meetings on AIDS would also be held for doctors practicing in Copenhagen and Frederiksberg as well as for staff workers at municipal hospitals. A pamphlet will also be prepared for distribution to the public.

But the deputy mayor made it clear that financing is a problem for the City of Copenhagen, since more than two-thirds of the patients admitted so far are from Copenhagen. With the growth in the number of cases that one must expect this will be a big economic burden for the city in the years ahead.

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DENMARK/GREENLAND

GREENLAND GOVERNMENT HEAD EXPRESSES ALARM OVER AIDS SPREAD

Copenhagen BERLINGSKE AFTEN in Danish 18-24 Oct 85 pp 1, 16

[Article by Ojvind Kyro]

[Text] The minister of Greenland affairs is nervous, the head of the Greenland government says an alarm should be sounded and doctors fear a catastrophe, now that the first case of a Greenlander suffering from AIDS has been reported and several other people in Greenland are being tested for the disease.

A new highly-exposed risk group for the fatal AIDS virus has been affected: Greenlanders.

Antibodies have been found in the blood of a man from Greenland, which means that he is contagious. Four men are now being examined in Greenland who had homosexual contacts with him to see if they have also been infected.

"We view the problem very seriously and personally I think we should sound the alarm," said the leader of the Greenland government, Jonathan Motzfeldt in Nuuk.

"We are quite nervous and fear the worst because of the widespread promiscuity," Greenland Minister Tom Hoyem (Center-Democrat) told BERLINGSKE AFTEN.

In most cases AIDS is spread via sexual contact.

The incidence of sexually-transmitted diseases is 100 times greater in Greenland than it is in Denmark, according to chief physician Inga Lind of the National Serological Institute. The most recent statistics show that in 1983 alone syphilis or gonorrhea was found in 24 percent of the population of Greenland, in other words 12,679 people were infected. "If one takes those figures into consideration, we are talking about a very serious problem here," said chief physician Michael von Magnus of the Health Agency.

The man responsible for the health system in Greenland is Dr Jorgen Boggild. He said: "Greenland is a highly exposed area and we are afraid of what will

happen when AIDS spreads here. The only course of action is to prevent the spread of the disease by informing the public. But sex drive is harder to control than railroads and we have been trying for many years to reduce the number of sexually-transmitted diseases. But the results can be seen in the sad state of affairs reflected in the statistics on venereal disease."

#### Paying the Price

So far the only action has been the publication of an article written by the district doctor in two newspapers and the broadcasting of the article over the Greenland radio system. The Danish Red Cross, a private relief agency, has issued a pamphlet on AIDS that is now being translated into Greenlandic. It will be distributed to households in Greenland, but this will not be done for another month, at the earliest.

The Greenland Affairs Ministry's medical expert, Dr Susanne Ullman, who is a specialist in sexually-transmitted diseases, is currently visiting a number of hospitals in Greenland. From the hospital in Qaqortoq/Julianehab she said: "The situation is very serious and the local doctors are very concerned about it. The important thing is to inform the public, by holding meetings on the problem, for example. But I am afraid that it is harder to get information out here than it is in Denmark and since there is no legislation in this area intervention is impossible."

The first case was reported while the Greenland affairs minister was taking part in a conference in Greenland with a large number of health authorities and the minister promised that all doctors and hospitals there will receive information on AIDS. "Health conditions are my responsibility," said Tom Hoyem, "and if an information campaign is what is needed, we will have to pay what it costs."

A research program is being set up with the Health Agency and the National Serological Institute in order to get an idea of how many Greenlanders have been infected, the head of the Greenland health system said. Among other things all gonorrhea patients will be tested for the presence of AIDS antibodies.

#### Propaganda and Condoms

In the places where AIDS has broken out the epidemic primarily affects gay men and the only hope of avoiding a catastrophe in Greenland is that homosexuality is probably not very common there.

Borge Jorgensen, senior resident at the National Serological Institute, who took part in many medical expeditions to Greenland when there were incipient syphilis epidemics there, said: "It is assumed that homosexuality is not widespread. Apparently it has a hard time competing with the availability of heterosexual activity."

He believes a catastrophe can be avoided in Greenland: "People emphasize the 'unbounded promiscuity' of the Greenlanders, but the fact is that those

groups in Denmark that live under similar economic and social conditions are just as promiscuous. The social and economic situation is changing in Greenland and this means that sexual habits could also change in a year's time. If we can get people to realize that AIDS is dangerous and get them in the habit of using condoms and limiting the number of sexual partners we could avoid an astronomical increase in cases."

Borge Jorgensen mentioned the Faeroe Islands as a good example. Syphilis did not reach epidemic proportions there because blood tests were made of the entire population in good time and an intense propaganda campaign led people to change their attitudes.

#### Equal Number of Men and Women Affected

Gay men still dominate the latest statistics on AIDS victims in Denmark. The balance sheet was released on Wednesday: A total of 56 people were infected and 29 of them have died. Gay men accounted for 52 of the cases, two were men who had been infected by women in central Africa and in two cases--one man and one woman--the cause of infection was unknown.

In comparison to its population Denmark is one of the hardest-hit countries in Europe. According to an EC Commission report the number of AIDS patients increased by 70 percent in the first half of 1985. In June 1984 there were 682 cases in the 10 EC countries; this year there are 1,101. Ireland is the only EC country that has not reported any cases.

News reports are still scarce from central Africa where AIDS apparently got started. The British newspaper THE SUNDAY TIMES sent a reporter to the central African state of Rwanda and on Sunday she reported from the capital, Kigali, that Belgian doctors told her that one out of every 20 people in Rwanda probably carries the AIDS virus. That is 15 times higher than in the United States where it is estimated that one out of every 250 people has been infected. The doctors in Kigali have also determined that an equal number of men and women suffer from the illness in contrast to Europe and the United States where homosexual men and drug addicts using a needle are the principal victims of the virus. A possible explanation for the fact that so many men and women in Rwanda have been infected is that anal intercourse is often used as a method of contraception.

The consequences for the tiny state located a little south of the equator could be that the disease will break out among 25,000 people within the next 5 years and half of them will die in the same space of time. Local doctors fear the worst, for hospitals are already terribly overcrowded. Many people have to sleep two in a bed.

The World Health Organization, WHO, is urging Rwanda and other central African countries to combat AIDS. But with a health budget of less than 15 kroner a year per person and with so many other life-threatening diseases to worry about Rwanda is unlikely to give AIDS a very high priority.

## No AIDS Regulations

In the affluent part of the world people are discussing the stringency of the steps that are needed to halt the epidemic. Sweden now classifies AIDS as a venereal disease and as of 1 November people who suspect that they have been infected must have themselves tested for AIDS. In special cases the law permits the involuntary isolation of carriers of the disease.

"Many doctors in Sweden are unhappy about the law," said Professor Viggo Faber of the National Hospital's epidemiology department. He is opposed to classifying AIDS as a venereal disease so that it can be covered by current legislation. "More people will submit to testing if it is voluntary. People will stay away for fear of being listed in public files if they have to be registered. In addition the statistics show that the incidence of syphilis and gonorrhea has declined sharply among homosexual men and that is a sign that the information that one should limit the number of one's sexual partners has had an effect," he said.

Professor Emeritus Axel Perdrup who helped form the 1973 law on venereal diseases does not agree. "I do not understand why the Health Agency hesitates to recommend to the Interior Affairs Ministry that AIDS be covered by the law," he said. "It is urgent to impose regulations so it is possible to check the problem before it spreads. People are terrified about being identified but one can do what we did with the National Society of 1948 (the federation of homosexual men and Lesbians, Ed.), namely conclude a gentleman's agreement that it would not be necessary to give one's name when one came in for testing."

That opinion is shared by Ib Bygbjerg, chief resident at the National Hospital's epidemiology department, where many of the AIDS patients end up. "It is not necessary to give one's name and identification number. But a monthly central listing of who is being hit by the disease is vital. We need to know the person's sex and whether he or she is a homosexual, a prostitute, a drug addict or a hemophiliac. People who have been infected cannot be allowed to go around forever without our knowing who they are if we are to halt this epidemic. If we have a central listing of all carriers of the virus we will have a better idea of which groups we need to concentrate on and at the same time we can learn something about the nature of the disease, who gets infected and who develops the disease," he said and concluded: "During the first year of the epidemic we took into account sex habits, religion and everything else. We must stop being nice, for the statistics show that it doesn't help. The problem has simply grown. We must call a spade a spade. With the help of laws and registration requirements we have tried to halt the spread of gonorrhea and syphilis, which are not fatal, but there are no regulations for AIDS."

The British AIDS specialist, Professor Michael Adler of Middlesex Hospital, sounded the same note in an article in THE TIMES, a daily newspaper. He wrote that "in every epidemic it is vital to have a precise idea of how the size of the problem is changing. This form of supervision should not be

limited to listing the number of AIDS cases, it should also chart HTLV III infections (the AIDS antibody, Ed.) among homosexuals and heterosexuals.... Precise nationwide information on the incidence of HTLV III is the major cornerstone of control."

#### Little Difference

Internal Affairs Minister Britta Schall Holberg (Liberal) is considering whether to follow the example of her Swedish colleague and include AIDS under the law on venereal diseases. She has therefore asked the Health Agency to evaluate the matter but the agency feels that "at the moment there is no need for legislation," as department chief Michael von Magnus put it. "If people are listed we will not get any blood samples and that is why we are cautious about recommending registration."

Medical supervisor Jens Ole Nielsen of Hvidovre Hospital said that random sample testing is enough to give us an idea of the number of people who are carriers of the disease. "It may sound arrogant but it makes little difference whether 8,000 or 12,000 people are infected at this time. The important thing is to know which groups they come from so we can approach these groups with information on preventive measures so that we can check the epidemic."

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CSO: 5400/2509

HAITI

TWO AD HOC COMMITTEES FORMED TO STUDY AIDS PROBLEM

Port-au-Prince LE PETIT SAMEDI SOIR in French 24-30 Aug 85 pp 11, 21

[Press Release from the Ministry of Public Health and Population concerning the AIDS problem]

[Text] The Ministry of Public Health and Population (MSPP) notifies the public in general and health organizations, hospitals, laboratories and doctors in particular that in order to confront the important and complex public health problem posed by AIDS (Acquired Immune Deficiency Syndrome), two ad hoc committees were formed on 26 July 1985:

1) A "Technical Committee", made up of the following doctors and specialists:

Dr Claude Blanchard, internist, director of the Department of Internal Medicine at HUEH [Hospital of the State University of Haiti], professor at the School of Medicine;

Dr Emmanuel Arnoux, internist, Department of Medicine at the HUEH, professor at the School of Medicine;

Dr Volvick Remy Joseph, public health specialist, professor at the School of Medicine;

Dr Mario Alvarez, specialist in communicable disease, professor at the School of Medicine;

Dr Jean William Pape, specialist in infectious disease;

Dr Rodolphe Malebranche, internist, cardiologist, officer of the Scientific Committee of the Haitian Medical Association;

Dr Moliere Pamphile, public health specialist, director of the Public Health Department, MSPP; and

Dr Laurent Eustache, public health specialist, director of the Health and Training Department, MSPP.

The "Technical Committee" is responsible for studying and proposing the preventive measures to be taken at the present time as part of a coordinated program aimed at informing the public and controlling the spread of this disease in our area.

2) A "National Committee of Ethics", whose members are as follows:

Dr Antenor Miot, professor of professional ethics at the School of Medicine, State University of Haiti;

Dr Adrien Westerband, president of the Haitian Red Cross;

Dr Michel Lominy, president of the Haitian Medical Association;

Dr Alix Adam, medical director of the Hospital of the State University of Haiti (HUEH); and

the attorney Ernst Avin, bachelor of law, notary public.

This advisory committee is currently studying the psychological, moral, professional ethics and family implications of the measures recommended by the different groups of Haitian researchers with a view to formulating the recommendations that would enable the health administration responsible to confront all the aspects of this important public health problem.

The two committees have been meeting for nearly 2 weeks in order to accomplish in the shortest time possible the mission they have been given.

Port-au-Prince, 9 August 1985

Ministry of Public Health and Population

12413/12274  
5400/2012

INDIA

## MEDICAL COUNCIL FORMS AIDS TASK FORCE

Madras THE HINDU in English 25 Oct 85 p 9

[Text]

NEW DELHI, Oct. 24

A task force on the much-dreaded disease, AIDS (Acquired Immune Deficiency Syndrome), has been constituted by the Indian Council for Medical Research (ICMR) to formulate an action plan and strategies to prevent and reduce the risks of the onset of its infection in India.

The task force, which had its first meeting here today, observed that "no authentic case of AIDS has been reported from India. This is, of course, based only on the experiences of the nine medical personnel who constitute the task force.

"It does not mean, therefore, that it does not exist," said Prof. V. Ramalingaswami, ICMR Director-General, who is also the task force chairman. "We can no longer afford to ignore it, as it has already invaded Africa and it has also been reported in Thailand, mainly through foreign population there," he added.

**Surveillance system:** As per a three-level strategy recommended by it, a surveillance system has been set up by the ICMR through which quarterly reports, in accordance with the proforma which has been designed, will be obtained from the people in medical colleges and the medical profession of any condition which resembles AIDS. This constitutes the immediate first-level strategy.

Doctors and nurses in various institutions have been provided with the clinical characteristics of fully developed AIDS as well as AIDS complex (AIDS complex refers to the symptoms which give a suspicion of AIDS). Some of

the main characteristics which will identify probable cases are extreme loss of weight, high fever, chronic diarrhoea and enlargement of lymph nodes.

The second-level action relates to laboratory tests that have been recommended to give supportive evidence once cases have been identified. The tests, mostly dealing with T-lymphocytes, will look for certain immunological parameters—subsets of T-cells and their functions—which are indicative of AIDS. Elaborating, Prof. Ramalingaswami said the association of the syndrome with certain types of "opportunistic infections" raised the degree of suspicion of AIDS.

**Facility for CMC, Vellore:** As part of the second-level strategy, a limited facility has already been started at the National Institute of Virology (NIV), Pune, which will isolate antibodies to the HTLV-III virus (the virus responsible for AIDS). This centre will soon be enlarged and additional centres, including one at the Christian Medical College, Vellore, will be set up for laboratory confirmation.

A serological survey for AIDS antibodies, for groups of people who run high risks of contracting, is already reported to have been started. The kinds of population which are being surveyed are homosexuals, intravenous drug users, blood donors, haemophiliacs (who use concentrated blood products and undergo multiple blood transfusions), prostitutes and eunuchs (who present a special case in our country, as Prof. Ramalingaswami pointed out, because they often resort to anal sex).

**Education aspect:** The third strategy is con-



cerning education and information dissemination of facts by constructing messages. This aspect will be under the supervision of Prof. B. S. Verma of the Baroda Medical College. For example, women should not conceive if they carry AIDS as there is sufficient evidence now to indicate that the infection is carried to the fetus. "It is very important to impress upon people that AIDS is not contagious—you will have to try very hard to get AIDS," says Prof. Ramalingaswami. "Doctors and nurses run no risk at all," he emphasised.

From a sociological point of view, it is important to get the high risk groups' cooperation and not isolate them, says Prof. Ramalingaswami. He says there has been good cooperation from female prostitutes in Bombay. Other steps which are being undertaken are screening of professional blood donors, and keeping a check on the drug dens of Delhi where there is an admixture of foreign population. A survey of haemophiliacs in Bombay is already being carried out.

The task force which will function with the ICMR as the focal institution for coordination, will meet periodically to assess gathered data and review the prophylactic measures adopted. The members of the task force are: Prof. V. Ramalingaswami (chairman), Dr. Khurshid Pawri (Director, NIV, Pune), Dr. S. V. Apte (ICMR), Dr. Jacob John (Virologist, CMC, Vellore), Dr. Anand Malaviya (Dept. of Medicine, AIIMS, New Delhi), Dr. Sehgal (Venereologist, Maulana Azad Medical College, New Delhi), Col. Dutta (Calcutta), Dr. B. S. Verma (Baroda Medical College) and Dr. H. M. Bhatia (Institute of Immuno-Dermatology, Bombay).

/8309

CSO: 5450/55

INDIA

# REGIONAL MEET ON VENEREAL DISEASES HELD IN BOMBAY

Bombay THE TIMES OF INDIA in English 21 Oct 85 p 7

[Text] Bombay, October 20—The three-day south-east Asia and Western Pacific region conference of the International Union Against Venereal Diseases and Treponematoses (IUVDT) concluded here today, with foreign participants expressing their anguish at the lack of coordinated efforts to combat sexually transmitted diseases (STDs) in India.

Foreign veneriologists, however, lauded the individual papers presented by Indian participants at the conference and hoped that a concerted effort would be forthcoming.

Mementoes were presented to some leading Indian dermatologists, who attended the conference, and to the members of the organising committee.

Dr. I.S. Gilada, honorary secretary of the Indian Health Organisation (IHO), presented the last paper which was entitled "Prostitution in urban centres and STDs." Quoting a 1981 WHO study, Dr. Gilada said every fourth STD patient is an Indian.

IHO surveys reveal that there are 100,000 prostitutes each in Bombay and Calcutta, 40,000 each in Pune and Delhi and 13,000 in Nagpur.

Dr. Gilada, who works at J.J. Hospital, Byculla, told the conference that only about 300 prostitutes visited the hospital, situated half a kilometre away from Bombay's largest redlight area, whereas, 100 STD-infected males visited the clinic every day.

Discounting that prostitutes were highly paid, Dr. Gilada noted that 60 per cent of them earned incomes less than Rs. 200. Brothel owners, pimps, financiers and the police shared the income, leaving the girls to live in poor habitats and frugal diets, which lead to increased incidences of STD.

Redlight areas were the biggest reservoirs and transmitters of STDs, Dr. Gilada said. Clinical examination showed that 90 per cent of them suffered from venereal diseases, some of them with two or more occurring together.

"The IHO is looking into the Supression of Immoral Traffic in Women and Girls Act, (SITA), 1956, that covers prostitution in India and have forwarded an amendment to introduce licensing of prostitutes with the provision of regular health checkups to control STDs, besides having an effective check on prostitution, forced prostitution and the devdasi system," the paper said.

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CSO: 5450/54

INDIA

## NEW TYPE OF MEASLES HITS SOUTH ARCOT DISTRICT

### Deaths Reported

Madras THE HINDU in English 11 Oct 85 p 12

[Text]

MADRAS, Oct. 10.  
An outbreak of measles in an epidemic form has resulted in the death of 21 children and hospitalisation of 78 others in the last two months in Singanikuppam village, 18 km. off, Tindivanam, in South Arcot district.

The tiny village with a population of a little over 700 is now full of health activity.

Following newspaper reports that a mysterious disease had overtaken the village, doctors, epidemiologists and health officials from the district and Madras have gone to the village in the last two days. After a mass health check-up, they have admitted the children, who were found to suffer from post-measles complications, to Tindivanam Government Hospital.

The first measles death in the village with malnourished children occurred towards the end of August and the disease took a virulent form in September killing 18 children and another four this month.

Medical aid rushed: The prevalence of this contagious disease came to light three days ago when the Assistant Collector conducted a mass contact programme at nearby Dandhapuram. Thanks to him, the villagers say, medical aid has been rushed to them and the chances of the children recovering from this viral infection are now bright.

The worst is the tragedy that has hit the family of Kallappa Gounder whose three children have succumbed to severe complications of this communicable disease over a period of three weeks.

Narrating the agony undergone by the children—Venkatesh (6), Sivakumar (4) and Kallammal (2)—their grandmother Kallammal told THE HINDU that Venkatesh did not show any symptom of measles; there was no skin eruption or even cold. Suddenly, the boy had acute dysentery and every day he passed stools with blood and mucus. The grandmother said that they took the boy to Tindivanam Government Hospital. "As the child was not cared for at the hospital, we took him to a private doctor and brought him to the village only to be snatched away by death on September 13" she said. Sivakumar developed measles subsequently as also their sister Kallammal.

Strong belief: The villagers said that their religious faith and custom did not allow them to take their children outside the village for treatment of measles, chicken-pox and small-pox. The result of this superstition was the death of the two children on September 23 and on October 5. So many deaths in just two months would not change their belief that something serious would befall the family and village if a measles-affected child was moved out of the village. They refused to send their children for treatment yesterday when the District Collector made special arrangements for the children to be taken to the Tindivanam hospital.

Complications: Though the village is now free of measles, most of the children are suf-

fering from severe post-measles complications; some with respiratory infections and others with dysentery. According to doctors, more than the measles it was the secondaries which killed the children. Mortality due to measles is nothing uncommon, at least 10 to 20 per cent of children die. But in Singanikuppam, the death was more because the children are all malnourished.

Dr. A. Muthu Naina, Chief Medical Officer of Tindivanam hospital, said no case of post-measles syndrome came to the out-patient department of the hospital from Singanikuppam in the last two months. The moment he came to know of the epidemic he rushed his team to the village to screen the children and bring those sick to the hospital.

In the narrow corridors of the hospital are huddled children with swollen legs and breathing problem along with their mothers.

The Chief Medical Officer said the children admitted to his hospital were being treated with antibiotics and vitamin syrups. He was hopeful that they would be all right in a few days.

**Preventive steps:** The health officials are scanning the villages in a 16-km radius of Singanikuppam to find out whether the disease has spread. Preventive steps like chlorination of wells in the villages have been taken up. They are scrutinising the records to see whether the children in Singanikuppam and other nearby villages had been covered under the measles vaccination programme.

**Minister's appeal:** In Madras, the Health Minister, Dr. H. V. Hande, said that the children had unfortunately died because of the superstition among the rural people.

In a statement he said that efficacious medicines were available to cure measles and warned that if prompt treatment was not given, the disease would endanger life.

The Minister appealed to the people in the area to go to the nearest hospital if there were symptoms of measles. He said a team of health officials who visited the affected village had reported that the situation was now under control.

**Rotary Clubs' project:** Enquiries show that in a programme sponsored by the Rotary Clubs, nearly 3.7 million children in Tamil Nadu have been immunised against measles since 1979 using vaccines imported from Canada, but a substantial segment of the State's children are yet untouched, with 1.3 million babies being born each year; the number of children that need immunisation is growing.

The Rotary International District-323 has proposed to continue its programme and cover 2.5 million more children in the next four years. And as part of the Government of India's Universal Immunisation Programme starting on November 19, all children in Salem and Madurai districts are to be immunised against several diseases including measles. The Centre has allotted four-lakh doses of the vaccine to the State for this programme.

#### Health Minister's Remarks

Madras THE HINDU in English 13 Oct 85 p 13

[Text]

**SALEM, Oct. 12**  
Dr. H. V. Hande, Health Minister, is going tonight to Tindivanam to make an on-the-spot inquiry into the outbreak of measles in an epidemic form in a village near Tindivanam.  
He told newsmen here this evening that the Directors of Medical Service and Public Health and a team of specialists from Madras had gone to Tindivanam and according to the first reports from them, this type of measles was noticed in Tamil Nadu for the first time. He added that nobody seemed to know its epidemiology and that was why even though it was prevalent in a sporadic form even in August, proper preventive action could not be taken.  
He felt that the loss of life could have been less if only the villagers had overcome their religious belief and brought the children to the hospitals. Malnutrition and other complications had caused the deaths.  
He has alerted all hospitals in South Arcot district to look for any fresh outbreak. — Our Staff Reporter

/8309  
CSO: 5450/51

INDIA

## ANOTHER HEPATITIS DEATH REPORTED AT DELHI SCHOOL

New Delhi PATRIOT in English 16 Oct 85 p 1

[Text]

Another student Bhaskar Lahiri of DPS, R K Puram died of hepatitis at the AIIMS on Tuesday, lending credence to the suspicion that an epidemic of this water-borne disease existed at the school.

A member of the household said that 16-year-old Bhaskar although a day-scholar had most probably contracted the disease at the school where contaminated drinking water has reportedly claimed at least three lives over the last three years.

He said that the school's track-record vis-a-vis hepatitis (popularly known as jaundice) has led them to believe that "the extremely pungent, raw water of the school canteen was probably behind Bhaskar's death". There was a hepatitis epidemic in 1982. Three cases of affliction have been reported from the school hostel this time.

Another relative recalled that in mid-September, Bhaskar had complained that whenever he took water from the canteen, he felt sudden weakness. Around 20 September, he said, Bhaskar suffered from high fever followed by shivering and weakness.

When his condition deteriorated, Bhaskar was removed to the Holy Family Hospital. But 10 days of intensive treatment made little difference. He was referred to the All India Institute of Medical Sciences on 3 October. Samir, who died on Saturday, was also removed to another hospital the same day.

Initially at AIIMS, Bhaskar's condition improved. But his condition suddenly became grave on Saturday — the day Samir succumbed to his illness.

On Tuesday morning, Bhaskar had an attack of convulsions and perspiration. He was removed to the coma room of the AIIMS, the relative said. After some time, however, the two doctors attending on him lost the battle to save him.

**Vacations advanced:** Later the DPS management made an attempt to bury the hatchet arising out of the tragedy by preponing the vacations.

At an emergency meeting of the DPS managing committee in the evening, the decision to prepone the vacations due to commence on Friday this week came in for heated discussion. The meeting also discussed ways to assuage the DPS students complaint against the medical and health facilities.

It is learnt that there was a spirited intervention by the member (medical) on the committee to look deep into the basic issues which Samir Rawley's death had raised. He reportedly put before the committee a strong case for reforms of the existing facilities at the school as far as the residents' problems were concerned.

There was also a demand to fix responsibility for the student's death. It is believed that at least a section of the committee members insisted upon the management to come out categorically on the issue whether or not Dr (Mrs) Sengupta was on duty on 3 October when Samir was admitted to the school clinic and his ailment was wrongly diagnosed to lead to his untimely death.

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CSO: 5450/0052

INDIA

BRIEFS

MYSTERY CHILDREN'S DISEASE--Madras, Oct 10--A mysterious disease has struck Singanaickankuppam village in South Arcot district due to which 23 children are reported to have died. A report received here this morning says the killer disease which is yet to be diagnosed has struck children under eight years' age. Symptoms of the disease are boils on the soles of the feet accompanied by swelling of the body. Death of the patient is imminent within two days of the attack. The village inmates, out of ignorance, treated them with neem leaves as they used to do in case of chicken pox. Having found that their traditional medicine did not work, they had brought the issue to the notice of the authorities. The district collector, police authorities and medical personnel have already rushed to the affected village. [Text] [New Delhi PATRIOT in English 11 Oct 85 p 5]

CHOLERA IN ASSAM--Tezpur, Oct. 16 (PTI)--The entire Biswanath sub-division in Assam's Sontipur district has been declared as the "epidemic area" following reports of 25 cholera deaths during the last few weeks, official sources said today. The medical and para-medical staff were touring the affected areas where nearly 200 persons were afflicted by the disease during the period. So far 7,000 people have been inoculated as a precautionary measure. [Text] [Calcutta THE TELEGRAPH in English 17 Oct 85 p 5] /8309

CSO: 5450/53

ISRAEL

AIDS CASES IN ISRAEL REPORTED

Tel Aviv HADASHOT in Hebrew 19 Sep 85 p 5

[Text] To date 23 AIDS patients have been positively diagnosed in Israel. Two of those were tourists, the others, from Israel. Sixteen of those diagnosed have died in the past 2 years. The other seven are still alive and are being treated. Among those being treated are some who were diagnosed 2 years ago and who show improvement in their condition.

AIDS victims can be divided according to risk groups. Nine of the 21 Israeli AIDS victims are homosexual or bisexual, having contracted the disease through sexual contact. Six of those have died.

Five have hemophilia and contracted AIDS through Factor 8, obtained from numerous blood donations and imported from the United States. Hemophilia patients need Factor 8 following any injury.

Three of the hemophilia patients who contracted AIDS died. The first was a 45 year old man who is now considered to be the first AIDS victim in Israel. He was not included in the original AIDS list of the Health Ministry because it was only after an autopsy that the exact cause of death was determined. Another patient, 25, died in June 84. The third patient, 48, died in April 85.

There are two more boys who have hemophilia who contracted AIDS through Factor 8. They lead a normal life and except for their families no one knows they have AIDS. The two are being treated and there is an improvement in their condition.

In the past year all Factor 8 serums have been heated to kill the AIDS virus.

A 4 year old boy who contracted AIDS died a month ago in the pediatric ward of Shiva Medical Center. He was born with no immune factor. He contracted AIDS through a shot of gamma-globulin --a vaccine which is also administered to hemophilia patients. He had been receiving those shots monthly since he was born.

Gamma-globulin is imported from the United States and it is only in the past year that it, too, has been heated to kill the AIDS virus.



Three Israelis contracted AIDS after receiving blood transfusions.. All three have died, among them a 52 year old man who received the transfusion following a heart operation. He died in December 83. A young woman, a Thalasmia (a genetic blood disease), died in June 85.

Two more AIDS patients, not identified with a high risk group--homosexuals, drug users, hemophiliac--contracted the disease from unknown sources. One of them died.

There is yet one more patient who at this point is only suspected of having AIDS.

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CSO: 5400/4501

KENYA

BRIEFS

AIDS INCIDENCE DENIED --Statements that ten percent of the Kenyan population is afflicted with Acquired Immune Deficiency Syndrome (AIDS) stem from a campaign against the country mounted from abroad, president Daniel Arap Moi told a public meeting on October 4. His words, which were not reported by the official news agency, followed a trip to the Netherlands and Sweden by a Kenyan minister who said on his return that television reports he had seen were claiming that Kenya was one of the countries worst-hit by AIDS. Kenya is the crossroads of east Africa, and many foreign companies and personnel are established there. The Nairobi authorities are concerned that reports about the incidence of the incurable disease could put off investors. [Text] [Paris THE INDIAN OCEAN NEWSLETTER in English 12 Oct 85 p 5] /9317

CSO: 5400/46

MALAWI

#### COMPUTER USED AGAINST LEPROSY

Enugu DAILY STAR in English 5 Nov 85 p 7

[Text] Computer methods are making a considerable contribution to the success of the project which is tackling the problems associated with the control of leprosy in an endemic area of Northern Malawi. Here, Dr Paul Fine of the Ross Institute, the coordinator of the LEPR Evaluation Project (LEP), at the London School of Hygiene and Tropical Medicine, discusses a computer print-out with Programmer Analyst, Ms Lyn Bliss.

Of all the major infectious diseases in the world, leprosy is at present, the least understood. The LEP is applying newly developed immunological tools and data processing methods in order to study the transmission and control of the disease. To do this, one hundred and ten thousand people in Malawi were interviewed and medically examined. All the field data collected was key-punched onto tape in that country and subsequently sent to the London School of Hygiene for validation, correction and transfer to the main frame computer for analysis.

LEP was initiated in 1979 and is planned to last at least until the end of 1989. It is currently financed by LEPR, the British Leprosy Relief Association and directed by Dr Jorg Ponnighaus, who is based in Malawi. Additional support has come from other agencies, including the Overseas Development Administration and the World Health Organisation.

/8309

CSO: 5400/48

MALAYSIA

SABAH MALARIA TOLL MAY REACH 40,000

Kuala Lumpur NEW STRAITS TIMES in English 24 Oct 85 p 6

Text KOTA KINABALU, Wed -- The Malaria toll in Sabah is expected to reach the 40,000 mark this year, a senior officer of the State Medical (Health) Department said.

A total of 17,313 cases were reported for the first five months of this year and the trend is described as alarming.

The officer, who declined to be named, said the 40,000 cases projected would almost double last year's total of 21,358 cases.

Some of the worst hit areas are the districts of Kudat including Pitas and Koa Marudu, and Sandakan including Beluran and Kinabatangan.

It has been reported that 48 percent of Sabah's population contributed to 94 percent of all malaria cases detected.

The worst malaria year in Sabah was 1961 when about 100,000 cases were detected.

The incidence rate has since fluctuated although there is now a marked increase.

The cases identified to date this year are three times the number reported for the corresponding period last year.

The officer said Sabah was an endemic malaria State where the difficult terrain and poor accessibility to remote areas made it impossible to pinpoint the causes for the high incidence rate.

He noted that timber camp workers in particular had low immunity against the disease because of poor protection measures, while high rainfall encouraged mosquito breeding.

The Anopheles balacensis mosquito is responsible for transmitting the disease and it is said to have a low irritability to DDT.

Ninety percent of all reported malaria cases are confirmed to have been caused by this mosquito.

The 11,290 cases reported in 1983 is the lowest incidence rate ever recorded in Sabah and this is largely attributed to the prolonged drought.

The medical department's 64 spraying teams conduct regular house spraying in badly hit areas.

Efforts are also being made to detect and isolate active cases in addition to an all-out drug administration and treatment programme in Ranau, Tenom, Kota Marudu and Pitas.

/12851

CSO: 5400/4326

MALAYSIA

MALARIA TRACED TO MIGRANTS

Penang THE STAR in English 30 Oct 85 p 9

[Article: "Migrants a Source of Malaria: DOC"]

[Text] JOHORE BARU, Tues -- The Health Department has identified migrant workers as one of the main sources responsible for the spread of malaria in plantations and other areas in the State.

State Medical and Health Services Director Dr Ahmad Shah Syed said today that 58 percent of malaria cases reported this year were detected among migrant workers in land schemes in Johore.

He said the frequent movement of infected migrant workers, from one development scheme to another, resulted in incomplete treatment, inability to follow up on cases, and perpetuation of the malarial parasite in "clean" areas.

The problem made malaria control even more difficult in plantations, he said at the opening of the Second Malaria Control Sectoral Meeting held at the Sultanah Aminah General Hospital here.

Dr. Ahmad Shah said that although there were 456 malaria cases this year, compared with 163 last year, it did not mean the situation in Johore had deteriorated because the cases were mainly imported.

He also said there was an outbreak of malaria in April, affecting 138 second-generation cases among land scheme workers. It was contained by July.

He said that for the islands off Mersing, there were 13 cases reported this year, but there were no further cases after August.

He hoped that the meeting on malaria would come up with sound and practical recommendations beneficial to all participating countries to improve malaria control efforts along their common borders.

Dr. Ahmad Shah later told reporters that as far as the malaria eradication programme was concerned, the authorities could only treat those infected with malaria, but could not keep away mosquitoes.

He said the Anopheles mosquito, which transmits malarial parasite, needed sunlight and clear water for breeding.

And such breeding grounds could usually be found in new jungle clearing, he said.

/12851  
CSO: 5400/4326

MALAYSIA

BRIEFS

JAUNDICE CASES--IPOH, Thurs--Six cases of viral hepatitis or jaundice were reported in the Trolak felda land scheme yesterday bringing the total to 969 since the outbreak of the disease on Sept 14. In the Batang district the figure is the same and the total number of cases is now 1,150. According to a spokesman from the State Medical and Health Services there were no admissions in both the Tapah and Tanjung Malim hospitals. There were still 14 patients warded in the Tapah hospital and six in the Tanjung Malim hospital. [Text] [Kuala Lumpur NEW STRAITS TIMES in English 26 Oct 85 p 4] /12851

CSO: 5400/4326



MEXICO

NATIONAL AIDS STATISTICS: NEW STUDY FACILITY

63 Cases Nationwide

Mexico City EXCELSIOR in Spanish 3 Sep 85 p 4-A

[Excerpts] AIDS has not had spectacular growth in Mexico. It has only affected 63 Mexicans and therefore there is no cause for alarm, said yesterday the Secretary of Public Health, Guillermo Soberon Acevedo.

He explained that of these 63 cases that have been detected, 17 are certified and are being treated. The rest "show symptoms." He stated, however, that "we are not exempt from an increase in the number of cases."

Soberon, interviewed during the dinner of the president of the republic with the governors, declared that the authorities of Public Health have not decided whether "to submit foreign tourists to medical examinations," to see if some of those arriving are infected.

New Yucatan Cases

Mexico City EXCELSIOR in Spanish 10 Sep 85 STATES section p 1

[Text] Merida, Yucatan, 9 September--Three new cases of AIDS were discovered in this city, making a total of eight, reported Oscar Cuevas Graniel, the chief of the Coordinated Services of Public Health.

He added that all of these cases involved homosexuals who traveled frequently to the United States, where they apparently acquired the virus.

He stated clearly that AIDS is only acquired by sexual contact and not via sweat or tears, as has been erroneously reported.

It is very difficult, he noted, to get statistics on this disease because many of those stricken prefer to remain anonymous.

He added that the detection of this disease is easier now, because the chemical substance needed for the analysis has been received from Mexico City.

#### Study Center in Guadalajara

Mexico City EXCELSIOR in Spanish 15 Sep 85 STATES section pp 1,4

[Excerpts] Guadalajara, Jalisco, 14 September--The center for the study of AIDS in the western part of Mexico will be located at the University of Guadalajara, where a team specializing in investigation, detection and treatment has been brought together, according to Eduardo Vazquez Valle, director of the Dr Francisco Ruiz Sanchez Institute of Infectious Pathology and Experimental Medicine, who added that the work carried out so far is at the beginning stage.

Nonetheless, he said that the team has a public health orientation, especially toward the high risk groups, such as homosexuals and drug addicts.

The center will gather all possible information on the disease, about which little is known and which has been classified as a contemporary illness.

To do so, the University of Guadalajara decided to create the above-mentioned center, in collaboration with local and national institutions of public health.

#### Strict Control Over Blood Banks

The health authorities of Coahuila are exercising strict control over the blood banks that they operate throughout the state, to keep patients from receiving blood contaminated with AIDS, said Dr Jose Manuel de las Fuentes, head of the Coordinated Services of Public Health.

He added that in Coahuila three cases of AIDS have appeared in the city of Torreon, but two of them concern persons from the United States who came to live in Saltillo, and one is a Mexican who contracted the disease in the United States.

12467/12781  
CSO: 3248/24

MOZAMBIQUE

EMERGENCY ANTIMALARIA CAMPAIGN PLANNED FOR MAPUTO

Preparations Under Way

Maputo NOTICIAS in Portuguese 5 Oct 85 p 2

[Article by Marcelino Silva]

[Text] An emergency program to combat malaria in the city of Maputo will be carried out in this city within a few days. This activity is in response to the increase in serious cases of this disease, which has been caused by the existence of innumerable mosquito breeding sites in various zones. Information obtained from sources at the Health Office and the Medical Prevention and Examination Center indicates that the program will include various activities designed to eliminate the centers where mosquitos multiply, including environmental cleanup and combatting the disease. According to the plan drafted for the sector, the participation of other bodies, both on the city and central levels, will be indispensable. The budgeted cost of this project is 10,000 contos.

Popular participation in the implementation of this program is regarded as a determining factor in achieving the goals established. In this connection, the need for the sponsoring groups to mobilize residents for real participation has been urged, taking into account the need to reduce costs for the implementation of health programs, on the one hand, and the maintenance of sanitary conditions, on the other.

Community Involvement

The participation of the people and other government bodies in the program for combatting malaria drafted by the Health Office was described yesterday as a determining factor in the achievement of the goals established.

Dr Oscar Monteiro, the director of the Medical Prevention and Examination Center, said in this connection that one of the first steps to be taken is the enforcement of the regulation on sanitation by the Urban Services Office.

He added that what is needed on the other hand is for this office, in coordination with other bodies, to undertake the cleaning of the drainage ditches and the Executive Council's vivaria, because these sites are on the

list of places regarded as permanent, and therefore dangerous, breeding places.

Dr Oscar Monteiro called attention to the fact that some bodies have been depositing garbage in the Maxaquene lowland area, which has contributed to blocking the drainage ditches found there. This has resulted in an accumulation of water in which the mosquitos breed.

In the view of this official, the planting of trees has become necessary to "hold" the earth which the rainfall washes down the gullies, where in the end it blocks the water drainage pipes.

#### Popular Participation

"A special responsibility falls to the Green Zones Office, which must explain to the people what crops can be raised in a population center like Maputo," the director of the Medical Prevention and Examination Center further said.

"The task of mobilizing the people to participate in this process falls to the sponsoring groups and the bodies in the urban districts. This is the case because the contribution of the residents will serve to reduce the costs of implementing the program as a whole," this official stressed.

#### Public Health Protection

Alberto Massavanhane, president of the Executive Council of the City of Maputo, yesterday termed the implementation of the emergency program to combat malaria an important task in the safeguarding of the health of the people.

Massavanhane spoke at a meeting held on the matter, which was attended, apart from cadres from his office, by officials representing Urban Services, Water and Sanitation, the APIE [Administration of State Lands and Property] and Green Zones, as well as the administrators of Urban Districts 1, 2, 3, 4 and 5.

Also present at the meeting were the secretaries of the sponsoring groups in the neighborhoods of Malanga, Polana-Canico A and B, Luis Cabral, Jardim, Inhagoia A and B, Georgi Dimitrov, Bagamoyo and Costa do Sol, as well as the director of the Medical Prevention and Examination Center, a representative of the National Water Office and the director of the Golf Club.

As the president of the Executive Council said in one of his comments, the reason for the presence of the secretaries of the sponsoring groups was that the responsibility falls to them for mobilizing the people to participate in this process.

In his address, Alberto Massavanhane said that the success of this project depends not only on the participation of various bodies, but on popular involvement as well.

"Therefore, the administrators of the urban districts and the secretaries of the sponsoring groups must pursue mobilization efforts with the people, to

ensure their participation in the implementation of the program," Massavanhane said.

#### Epidemic Peaks in Maputo

Because of various circumstances, the city of Maputo has been under great pressure due to the epidemic which has peaked since the early months of this year. And there is every indication that if the rainfall at the end of this year is normal, the situation may be further aggravated.

In a new development, studies made by the health bodies point to an increasing number of cases of malaria resistant to chloroquine. This is contributing to making this situation more serious.

#### Work To Be Done

It is in view of this situation that the Ministry of Health has drafted an emergency program to be implemented shortly, particularly in the neighborhoods where, according to the studies made, a new increase in malaria cases is expected.

Within this context, the battle against mosquito larvae is regarded as of capital importance. This means that everything contributing to their development must be eliminated. Since the larvae develop in places where there is standing or slow-moving water, it is on these pools that all attention must be focused.

In a meeting held yesterday on the recommendation of the Health Office and with the president of the Executive Council of the city presiding, the program to be carried out was set forth and it was announced that the city of Maputo now has a number of mosquito breeding sites, some of a permanent nature (from which water never disappears) and others which are temporary. These are normally found in the rainy season.

The breeding sites regarded as permanent are found in the vivaria of the Executive Council, on the golf course, in Costa do Sol, the Polana-Canico quarter, the Maxaquene lowland area (central district zone), and the Malanga, Luis Cabral, Maxaquene and Inhagoia districts, among others.

The health officials say that the solutions in some of these cases do not appear easy, particularly in the short run. The elimination of these breeding centers may be effected with the completion of the drainage projects presently under way.

With regard to the breeding sites found in the vivaria of the Executive Council in Costa do Sol and in the Maxaquene lowland area, it is necessary to clear the obstructions from the pipes such as to ensure the free passage of water to be drained off.

Where the temporary sites are concerned, no major projects are required to eliminate them. Here the people are called upon to make their contribution.

Concerning this last-mentioned aspect, the fact that the obstruction of some ditches is being caused by certain individuals must be taken into account. By way of example, mention was made of the lowland area in Maxaquene, where certain individuals block the trenches in order to have water with which to irrigate their crops.

This situation does not exist in this area only, as this same problem is found in the districts mentioned above.

#### Endemic Situation at Present

"Since the drought in 1982 and 1983, and then the rains which occurred, followed by the tropical storm Domoina, the number of breeding sites has increased, and as a result, so has the mosquito population," City Health Director Igrejas Campos said at one point.

He added that with the massive influx of individuals from the rural zones to the city, the cases of malaria resistant to chloroquine have increased. "This fact is aggravating the already difficult situation in this connection. The first cases resistant to chloroquine began to be seen in 1983. The following year, the situation was not serious but continued to be worrisome, posing the need for alternative treatment in an effort to ensure a reduction in the period during which the illness can be transmitted," this official added.

Where the mosquito breeding sites are concerned, there is one other category. It includes tires, abandoned vehicles, garbage cans, the roofs of homes, parking areas, etc. Where garbage cans are concerned, they should be moved or destroyed, while for roofs of houses or parking facilities, it is important to see to the clearing of any obstructions in the drainage system.

Both for the removal of garbage cans and the clearing of pipes of obstructions, joint work with Urban Services and the APIE should be carried out.

"Another step which should be taken within the framework of efforts to eliminate breeding grounds for mosquitos is the spraying of reed huts. With regard to the problem at some lakes, such as Inhagola, the possibility of collecting burned oil, which could be spread on lagoon surfaces, is under study."

The cost of carrying out this program is budgeted at about 10,000 contos, to cover the purchase of various materials and the contracting technicians, among other related expenditures.

#### WHO Technician Voices Views

"In view of the situation existing in the city of Maputo, it has become important and indispensable to carry out projects resulting in the elimination of the sources which spread disease, since although it may be thought that the situation is not too serious, greater resistance to chloroquine could develop in the not very distant future," Dr Almeida Franco, a WHO technician who has come to our country to work on the campaign to eliminate malaria, has said.

This WHO specialist spoke of the fact that recently an increase has been seen in the number of malaria cases, some of them fatal. This, he says, explains the need to adopt every possible measure to reduce the existing threat.

"Some technicians believe that the drainage projects planned will not be profitable from the point of view of economic and financial sites, but in fact they are profitable from the point of view of health.

"They will lead to a reduction in the large sums of money which would have to be spent to implement a health program," this same expert said.

#### Program Launched

Maputo NOTICIAS in Portuguese 14 Oct 85 p 2

[Text] Some activities included in the emergency program for combatting malaria recently drafted by the Ministry of Health are now under way in the city of Maputo. Reports obtained by our staff indicate that several days ago, Urban Services began clearing the drainage ditches in the Campismo Park, classified as one of the permanent breeding sites for mosquitos, the insects which carry disease. In addition, the director of health for the city of Maputo has informed us that by the end of this month, the spraying of homes, which will be carried out in the zones most seriously affected, will have begun. Soviet financing is being provided for this program.

It should be mentioned that, according to the officials affiliated with the health bodies in the capital, the task of combatting malaria is not solely the responsibility of the Health Office or the Medical Prevention and Examination Center, since other bodies, such as the Urban Services Office, the Ministry of Construction and Water (MCA), the APIE and the people also have a role to play.

The clearing of drainage ditches, not only at the sites for which the Executive Council has full responsibility, is a task which falls to the Urban Services Office, and in some cases the MCA also has a role to play.

The APIE, working in coordination with other bodies, is also involved, particularly with regard to the breeding centers to be found in homes, such as blocked sewage lines and pipes located in boarded-up houses, among other things.

Keeping in mind that malaria is a disease which affects the people, they also bear responsibility for eliminating the causes contributing to its propagation.

In this connection, the city health director and the head of the Medical Prevention and Examination Center pointed out that the involvement of the community in this campaign is needed. "The state cannot sweep roofs and destroy that which is no longer useful but which some people insist on keeping in their homes. The people themselves must undertake their own defense," the director of health, Dr Igrejas Campos, told our reporters.

### Preventive Treatment Insufficient

Because at its endemic peak the disease has developed a resistance to preventive treatment, this should be halted. In other words, the weekly treatments people have been having for preventive purposes are no longer effective. "People must undertake complete and correct treatment whenever they note symptoms of the disease," Dr Igrejas Campos explained.

The suspension of antimalarial treatment is due to the fact that chloroquine no longer has a strong enough effect to eliminate the resistant virus.

### Elimination of Breeding Grounds

As we said in an earlier issue, the goal to be achieved through the implementation of the emergency program for combatting malaria in the city of Maputo is, first of all, the elimination of mosquito breeding areas. They are divided into two categories, permanent and temporary.

The permanent breeding grounds are those produced by the accumulation of rainwater such that stagnant pools stay in certain places for a long time. The second category includes temporary pools, which also result from the accumulation of rainwater.

There is yet another category: the breeding grounds found in residences, that is to say on surfaces of homes such as roofs, old tires, abandoned vehicle chassis, garbage cans, flower pots, plastic sacks and other containers which are inadvertently left in places where they can readily become repositories of water when it rains.

The people are called upon to participate in eliminating such sites. Moreover, in many cases it is the people themselves who contribute to the proliferation of mosquito breeding grounds, thus threatening their own health.

Concerning the program now under way, which will reach the home-spraying stage by the end of this month, our reporters learned that the Soviet Union is providing financing, and also making various equipment and insecticides available. The money made available comes to millions of dollars.

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CSO: 5400/20



NIGERIA

MEASLES OUTBREAK REPORTED IN ABAKALIKI

Enugu DAILY STAR in English 12 Nov 85 p 12

[Text] An outbreak of measles has been reported at Mgbalukwu community in Abakaliki Local Government Area.

Making the report at the Abakaliki Local Government Primary Health-care Development Committee meeting, the traditional ruler of Mgbalukwu, Igwe Dennis Agena, appealed to the health department of the local government to take urgent measures to curb the spread of the disease to avert the high infant mortality.

The state co-ordinator of the primary health-care, Mrs A.D. Emelife, thanked the traditional ruler for the timely report and told the health department at Abakaliki to draft health workers to Mgbalukwu immediately to combat the disease.

On the primary health-care development, Mrs. Emelife called for the involvement of women in a community-based mass participation to support the government programme to promote good health.

In a related development, the Mile Four Hospital, Abakaliki, has launched a serious campaign for Abakaliki; Ishielu, Ikwo and Ezza Local Government Areas, to eradicate leprosy and tuberculosis; the two most infectious deadly diseases in the zone.

Announcing this at the same meeting, the medical officer incharge of the hospital, Dr Cecily Bourdillon, said that powerful drugs which could cure the diseases easily have been acquired by the hospital, while the staff of the hospital are being sent to all rural communities in the zone to identify and treat the diseases.

Dr Bourdillon called for the co-operation of the traditional rulers, community leaders and enlightened people to educate the rural populace to bring forward all persons suspected to be affected by the diseases.

Reports just reaching our news desk indicate that the medical officer of health incharge of Abakaliki, Dr R. O. Nriagu, has drafted a team of health workers to combat the outbreak of measles at Mgbalukwu.

/12851  
CSO: 5400/49

NIGERIA

NEW ANTI-TETANUS INJECTORS FOR NEWBORNS

Kaduna NEW NIGERIAN in English 2 Nov 85 p 16

[Text]

AN innovative method is in the pipeline to produce plastic injectors to be used by traditional birth attendants for immunising children against tetanus which is the most lethal disease among the six major childhood diseases.

According to a report in the "All Africa Press Service," the traditional birth attendants would be shown how to inject mothers by simply removing a cap covering the needle and squeezing the content out and disposing of the whole bag.

The prospects of producing the injectors are feasible because the tetanus vaccine can survive at room temperature and could easily be distributed as it did not require special storage facilities.

Tetanus, the report said, could also be controlled in a contaminated environment by a combination of hygienic midwifery and tetanus toxoid immunisation.

A survey in Indonesia showed that neonatal tetanus mortality was nearly six times greater among babies whose mothers had no antenatal contact with health

services than among those who had visited clinics during pregnancy.

According to Dr. Standfield of AMREF, there were two ways of preventing neonatal tetanus — along-term and a short-term method. The long-term method includes bringing together traditional birth attendants and modern health attendants and teaching them how to carry out clean and hygienic deliveries.

The traditional birth attendants should be equipped with sterilised delivery kits, taught how to use various sterile techniques for cord dressing and made to understand the need for not meddling with umbilical cord.

The second method involves immunisation both of the mother and the child. Since the aim of prenatal care is protection of the mother and the foetus, one ought to consider positive steps to achieve it; immunisation of the mother against tetanus produces antibodies in her blood which reach the foetus in sufficient quantities to protect it from neonatal tetanus.

More than 90 per cent of neonatal tetanus deaths occur in the first two weeks after birth, partly explaining the lack of record of disease.

The infection is generally caused by poor sanitary conditions. Unskilled and unclean obstetrical practice by untrained midwives accounts for a high rate of neonatal mortality in the absence of antenatal care or supervision, it said.

Infection also occurs as a result of various customary cord dressing like the application of dung, mud or ash, use of infected strings to tie the cord, use of dirty and rusty knives or laying the infant on the floor where dust containing tetanus spores may easily gain access to the cord stump.

Neonatal tetanus affects infants of up to 30 days after birth, with most of such cases not recorded for various reasons.

The number of death caused by neonatal tetanus usually rises rapidly from day three or four after birth and peaks on day seven or eight, then declines until the end of neonatal period of 30 days.

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CSO: 5400/40

NIGERIA

# SOKOTO GASTROENTRITIS DEATHS REACH 32

Kaduna NEW NIGERIAN in English 30 Oct 85 p 16

[Article by Adebisi Adekunle]

[Text]

THREE more persons have died from gastro enteritis at Ilela-Gajara in Shuni District of Bodinga Local Government of Sokoto State.

They died between last Saturday and Sunday. This brings to 32 the number of persons who died of the epidemic since its outbreak was first noticed on October 10.

As at last Monday, about five patients — three women and two men — were receiving treatment at the medical camp.

Governor of Sokoto State, Colonel Garba Mohammed, visited the village on Monday to condole with the villagers and assess the work being carried out on the wells he ordered to be sunk and the supply of water with tankers.

Governor Mohammed described the situation in the village as "very sad" and said he was disturbed when the news of the epidemic came to him.

He gave assurance that the government would provide water in all the villages of the state. He also urged the people to cultivate simple hygiene by boiling water before taking it.

As at the time of the governor's visit, about five wells located at Kaura-Magaji, Dutsen-Ayu, Shiyar-Fulani, Dan-Rairayi and Yar-Kanwar Gida hamlets that

constituted the village were being reactivated.

The Sole Administrator of the Bodinga Local Government, Alhaji Malami Giwa Abubakar, told the governor that work on six new wells had started.

He added that all the 12 shallow wells previously used by the people had been closed down as directed by the governor.

Four water tankers were now supplying the village with drinking water daily. Each tanker, the sole administrator added, made two trips daily.

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CSO: 5400/40

NIGERIA

GOVERNMENT TO ASSIST SICKLE CELL VICTIMS

Lagos DAILY TIMES in English 5 Nov 85 p 1

[Text]

THE Federal Government is to assist the near one million victims of the hereditary sickle cell disease in the country.

Towards this end, a primary health care service which is specially designed to diagnose and control the disease at village and community levels is to be embarked upon.

The Minister of Health, Professor Koye Ransome-Kuti announced this yesterday in Lagos while declaring open a week-long international Symposium on sickle cell.

The programme is co-sponsored by the University of Houston College of Pharmacy, Texas, U.S.A., Texas Southern University Department of Biology; The Sickle Cell Club of Lagos and College of Medicine, University of Lagos.

As a first step towards offering the victims a helping hand, the minister said, efforts were being made to establish a national blood transfusion service to prevent untimely death of

the victims in the country.

According to him, about 75 per cent of Nigerians live in the rural areas and have not been privileged to know the usefulness of a sickle cell programme to them.

Professor Ransome-Kuti appealed to all Nigerians to make it a "national duty" to donate blood towards life-saving cause because, according to him, there is a limit to which a doctor who donated his blood in desperation could go to avoid collapse.

In his welcome address, the chairman of Sickle Cell Club, Professor Olu Akin-yanju lamented that Nigeria leads the world with a yearly child-birth rate of 80,420 sickle cell anaemia carriers followed by Zaire with 26,000 and Ghana with 10,000 births.

He called for concerted efforts in curbing the disease.

In his address, the World Health Organisation (WHO) representative in Nigeria, Dr. S.H. Brew-Graves, called on all countries of the world to ensure that sickle cell anaemia had been controlled by the year 1989.

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CSO: 5400/40

NIGERIA

BRIEFS

KADUNA LEPROSY CASES REPORTED--There are 40,000 leprosy cases in Kaduna State, the chairman of the committee of friends of the Zaria leprosarium, Dr Dalhatu Tafida, said in Kaduna. Addressing news conference at the weekend, Dr Tafida said that leprosy was on the decline in Nigeria and appealed to the public not to discriminate against lepers. Dr Tafida, who is also the Kaduna state commissioner for agriculture, said that the committee collected N124,000 as donations during the open jubilee celebrations of the Leprosarium early in the year. He said that about N95,000 of the amount had been used to provide electricity, renovate structures and repair generators, adding that a balance of N28,000 still stood in favour of the Leprosarium. Dr Tafida said that there were about 50 in-patients receiving treatment at the centre, in addition to many out-patients. [Text] [Enugu DAILY STAR in English 29 Oct 85 p 16] /9317

MEASLE DEATHS IN SOKOTO--Five persons have died of measles in two hamlets and one village in Bodinga Local Government Area of Sokoto State, where 32 people died of gastro-entritis recently. Fifteen patients are now being treated. A local government statement said the disease had spread to Runjin Kusu hamlet of Tsafanade village in Dange District, Shuni town in Shuni District and Jangebe hamlet of Badau Village in Sifawa District. The statement said temporary isolation camps have been erected and the victims have been moved to the locations. It also said all the local governments' dispensaries had lacked the necessary drugs and dressings to deal with the disease before its outbreak. Sole Administrator of the local government, Alhaji Malami Giwa Abubakar III said the shortage was caused by poor revenue base of the local governments. [Text] [Kaduna NEW NIGERIAN in English 1 Nov 85 p 1] [Article by Ibrahim Salihu] /9317

CSO: 5400/42

PAKISTAN

# IMMUNIZATION PROGRAM: CHANCES OF SUCCESS VIEWED

Karachi DAWN in English 5 Nov 85 p 7

[Text]

**SPEAKING** at the inaugural session of the Technical Committee of the South Asian Regional Cooperation Programme on Health and Population Activities, the Federal Minister for Health expressed confidence that by the year 1990, a full 90 per cent of our children will be immunised against various communicable diseases. A couple of years earlier the Government had, in collaboration with WHO and UNICEF, adopted a comprehensive immunisation programme covering six dangerous diseases — measles, tetanus, whooping cough, polio, diphtheria and tuberculosis. The aim is to contain the virulence of these diseases through timely preventive action to protect children who form the most vulnerable group. The effectiveness of this strategy which is designed to save the lives of thousands of children and protect the health of many more cannot be underestimated. Especially in a country like ours where health facilities are grossly inadequate, early immunisation provides the best hope of reducing the incidence of diseases that now claim a heavy toll of life and contribute to the high child mortality rate in the country. According to a WHO estimate, the lives of more than 170,000 infants will be saved yearly in the country

as a result of the campaign now underway.

However, while the Expanded Immunisation Programme has made some good progress and initial results have been quite encouraging, much more needs to be done and at an accelerated pace if the target stated by the Federal Minister is to be achieved within the stipulated time. In particular, greater efforts will have to be made to reach children in the rural areas. Also of importance is the need to maintain proper statistics recording the success or otherwise of the campaign. Cooked up or inflated figures, presented for public consumption or in a self-congratulatory spirit, must not be allowed to generate complacency. Finally, no false sense of euphoria should be allowed to slacken the progress of the campaign. Earlier efforts to stamp out endemic diseases — malaria for example — failed when initial successes, combined with premature optimism, led to a slowdown in the momentum of the drive. The EPI still has a long way to go before it can make a decisive impact. But if the health of the future generation is to be reasonably guaranteed, it is absolutely vital that there is no let-up in the immunisation drive against the six major childhood diseases.

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CSO: 5400/4702

PAKISTAN

ZIA OPENS AGA KHAN HOSPITAL

Karachi DAWN in English 12 Nov 85 pp 1, 10

[Text]

KARACHI, Nov 11: President Gen Mohammad Zia-ul-Haq has called for post-graduate studies at the Aga Khan University Faculty of Health Sciences, which he officially inaugurated on Monday morning along with the Aga Khan University Hospital.

The President observed that today's was a world of challenges and specialisation in which the university should not neglect. Departing from his brief text in English, the President observed that the specialisation he had in mind was the field of paediatrics to help children grow like normal human beings.

He said children in this country were being neglected and their growth was not normal which affected the whole society.

He said he had not selected the field of paediatrics because "I am rather of a retarded child", but because of the fact that there was a large number of children here and they were receiving no specialised care. "This is a befitting occasion for me to make this suggestion", he said.

The President said a 30-million-dollar hospital for handicapped children, a turn-key project of the Japanese Government, would be commissioned shortly in Islamabad.

He recalled that during his meeting with the Foreign Minister of Japan in Islamabad he had suggested how good it would be for a developing country like Pakistan to have such a hospital. After a year, the Japanese turned up and asked: "Where do you want this hospital?"

**SCHOLARSHIPS:** In response to the creation of the endowments for scholarships for students at the

Aga Khan University Faculty of Health Sciences, to be named after Begum Shafiq Zia, the President announced two annual scholarships for the students of AKUFHS, to be named "Princess Salimah Aga Khan Scholarships", to be awarded to the best students that the university produces each year. They will be selected by Mr Shams Kassim-Lakha, the Chairman of the Owner's Representative Board of the University, and others.

The President said the AKUFHS and AKUH, which he was inaugurating, were associated with Cambridge, Oxford, McGill and MacMaster Universities of Britain and Canada. He was convinced that the Aga Khan University and Hospital would not only be regarded as being at par with the British and Canadian institutions but would also be much ahead of them academically and in providing medical service to the sick.

He said he was generally inclined to complimenting the people who were supporting the good cause and, this time, he specially wanted to compliment the Press and media for their protection of the institution. He hoped they would continue to project this gift from the Aga Khan to the people of the metropolitan city of Karachi and of Pakistan.

The 84-acre land which was a barren area two-and-a-half years ago was now the site of the fine buildings that housed the university, the hospital, the school of nursing and hostels, the President said. He added that this was all due to the dedication of the Prince and the devoted team of talented men around him.

Pakistan, he said, was fortunate to have a university of such high calibre.

"These magnificent buildings of the Aga Khan University complex also bear testimony to your Highness's outstanding contribution to the promotion of Islamic architecture. You have blended contemporary technology with the grace and beauty of the conventional style," he said.

Judging from any standards, he said, the university was an exemplary institution and he was happy to know that the criteria adopted for admission to this university guaranteed that the principle of equity would be safeguarded without sacrificing excellence.

The provision in the University Charter for attracting scholars, particularly Pakistani scholars from abroad, was something that needed to be emulated by the Pakistani authorities in other universities in the country.

Pakistan, he said, owed an immense debt of gratitude to the Aga Khan for his generous assistance in supplementing the efforts of the Government, through the Aga Khan Foundation, in improving the quality of life of our people, particularly in the health sector.

He prayed to Allah that both the institutions — the university and the hospital — might achieve greatness in the due course, and may Allah in His benevolence bestow His grace on the generations of students to enable them to complete their training with distinction and use their knowledge in the service of mankind.

/9317

CSO: 5400/4702

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

HEILONGJIANG RURAL PUBLIC HEALTH--The rural public health undertakings have developed rapidly in Heilongjiang Province. Now all counties in the province have their hospitals, all townships have their commune hospitals, and all villages have their public health stations. At present the province has a total of 13,672 public health stations, and more than 30,000 doctors are working for the disease prevention and curing stations in rural areas. Meanwhile, various kinds of endemic diseases have been controlled in rural areas. Through more than 10 years of comprehensive prevention and curing, the incidence of the Keshan disease has declined greatly. In 1984, only 44 persons in the province contracted Keshan disease, the lowest in the history of the province. Drinking facilities have also been improved in the province's rural areas. Now some 3 million peasants -- 20 percent of the total -- can be supplied with running water. [Summary] [Harbin Heilongjiang Provincial Service in Mandarin 1000 GMT 2 Oct 85 SK]

/12929

CSO: 5400/4103



POLAND

# SUMMARY OF STUDY ON NON-A, NON-B VIRAL HEPATITIS

Warsaw PRZEGLAD EPIDEMIOLOGICZNY in English No 1, 1985 p 25

[Article by J. Knap: "Non-A, Non-B Virus Hepatitis in the Light of Prospective Clinical and Immunological Investigation"]

[Text] A group of 788 patients with virus hepatitis from a non-selected material were studied for elucidating the epidemiology, clinical picture and prognosis of the non-A, non-B virus hepatitis occurring in our country. The clinical and laboratory parameters were subjected to computer-assisted analysis which could help in the prognosis and the prognostic factors known from the literature were verified. The characteristics of acute cytomegalovirus hepatitis were described, especially in the aspect of differences and similarities to non-A, non-B virus hepatitis.

It was demonstrated that non-A, non-B virus hepatitis accounts in Poland for 5.5% of all virus hepatitis cases. Posttransfusion and iatrogenic cases were observed, acquired parenterally and probably orally. A second case in a patient suggests that non-A, non-B virus hepatitis may be an aetiologically non-homogeneous disease, which could be differentiated only by serological investigations. Non-A non-b virus hepatitis changes in 16.3% of cases into chronic hepatitis including aggressive hepatitis and postnecrotic cirrhosis. No significant fall was observed in the level of transaminases and bilirubin in the 4th week of the disease, and good prognosis included: a significant fall of the values of transaminases and bilirubin, sometimes, even to 2 - 3 months. The prognosis can be established only from the 4th week of the disease. Computer analysis demonstrated differences between virus hepatitis B and non-A, non-B virus hepatitis (longer course, then transaminase and bilirubin falls), no significant differences were found between this disease and cytomegalovirus hepatitis, apart from a generally less favourable prognosis and reversal of the ratio AspAT/AlAT.

/13104  
CSO: 2020/37

PERU

#### BRIEFS

8 AIDS CASES CONFIRMED--Last week the arrival of the dreaded disease AIDS in Peru was confirmed with absolute certainty. On Wednesday Dr Raul Patrucco, chief of the immunology laboratories of Cayetano Heredia University, received the results of blood samples of eight patients tested with the ELISA method, the only test which detects the antibodies of HTLV III (the AIDS virus). The tests, the first done in the country, were made in a laboratory of San Isidro since this analysis center had just received the reagents from the United States a week before. The blood plasmas were kept at -100 centigrade, since they came from eight Peruvians who had died in recent months with all the clinical signs of the disease: weight loss, profuse nocturnal perspiration, anorexia, fevers, progressive fatigue, apathy, swollen lymph glands, chronic diarrhea, pulmonary and intestinal infections, and herpes. But decisive analysis by the ELISA test was needed, and the results were positive. The eight cases were treated in local hospitals, four of them in Cayetano Heredia Hospital. As was to be expected, little besides fighting against complications could be done to save the lives of the patients. The first case was detected in the middle of 1983. It was that of a homosexual who had been living in the United States for fifteen years. Like him, three others were homosexuals who were attacked by the disease in North American cities. Their ages ranged between 22 and 40 years. The four returned to Peru to die. The next three cases were Peruvian homosexuals who had never traveled abroad. They contracted the disease from North American friends, also homosexuals, who visited the country. The eighth patient was neither a homosexual nor a drug addict, but he suffered from hemophilia. He traveled to Brazil for treatment, where he received a "factor eight" transfusion contaminated with the AIDS virus. Dr Patrucco says: "The amounts of T lymphocytes in the blood samples of the eight patients were measured by using a modern technique which employs monoclonal antibodies. All had very diminished levels of cooperative T lymphocytes." This test was carried out at Cayetano Heredia University, but the confirming proof was found at the San Isidro laboratory, at a cost of 700 thousand soles each. [Excerpts] [Lima OIGA in Spanish 7 Oct 85 pp 47-48] 12467/12781

AIDS CASE--A few weeks ago a case of acquired immune deficiency syndrome (AIDS) was verified in Lima, Dr Wenceslao Castillo Rivandeneira, dermatology and immunology specialist at Daniel A. Carrion Hospital, said. He warned that "there is a silent development of a number of potential victims of this disease, whose incubation period is 29 months." The patient is a 47-year-old civil servant. The doctor said that he had caught the disease from other Peruvians, not from foreigners. He is suffering from atypical pneumonia, an "opportunistic infection." [Summary] [Lima EL COMERCIO in Spanish 22 Nov 85 p A6 PY] /6091

MALARIA OUTBREAKS--Huancayo, 14 Nov--Outbreaks of malaria have been detected in the copper mines and some villages in Tayacaja Province (Huancavelica Department) southeast of Huancayo, by epidemiologists of the 13th Health Region. [Excerpt] [Lima EL COMERCIO in Spanish 15 Nov 86 p A16 PY]  
Tarapoto, 16 Nov--Outbreaks of malaria have been detected in the hamlet of Nuevo Chimbote following serious floods over the past 15 days, in which many huts and fields were destroyed. Blood tests have shown that some of the people are suffering from malaria. A sanitary brigade has been sent by the director of Juanjui Hospital with medicine and DDT to fumigate the area, which can only be reached by a 1-day boat trip on the Huayabamba River and along winding roads. [Summary] [Lima EL COMERCIO in Spanish 17 Nov 85 p A16 PY] /6091

CSO: 5400/2018

SOUTH AFRICA

LEGIONNAIRE'S DISEASE KILLS TRANSVAAL MAN

Johannesburg THE STAR in English 12 Nov 85 p 1

[Article by Dirk Nel]

[Text]

**PIETERSBURG — A 45-year-old man, father of three young children, has died in the Provincial Hospital here after contracting the feared Legionnaire's disease.**

Mr Brian Stoltz, who was employed by a Potgietersrus glass company, was ill for only three weeks, and doctors have been unable to establish how he contracted the disease.

"In the event of an epidemic it is usually possible to isolate the cause fairly soon, but in this case we were unable to do so," his personal physician told *The Star*.

He said Mr Stoltz showed all the main symptoms of the disease — prolonged headaches, fever and body pains — from the outset, but the diagnosis was only finally confirmed, after many tests, about three days before Mr Stoltz died.

The disease is rare, and few cases have been reported here.

According to experts, it affects the blood cells, kidneys and liver.

A recent epidemic, caused by bacteria in a boiler, occurred in Glasgow, Scotland.

Both Mr Stoltz' doctor and the superintendent of the Provincial Hospital, Dr Naas de Jager, said no other cases of the disease had been reported in their area since Mr Stoltz' death.

Legionnaire's disease, a type of pneumonia virus, was identified in 1976 when it killed 29 in America.

The disease resembles severe influenza or pneumonia and is said to be carried by a bacterium found in water and soil.

One of the worst outbreaks of the disease was recorded in central England last May, claiming at least 39 lives.

/9317  
CSO: 5400/38

SOUTH AFRICA

BRIEFS

WOMAN MAY HAVE CONGO FEVER--Mrs Martha Conradie of Hillcrest, near Durban, is still under observation for symptoms for the dreaded Congo Fever disease. A doctor, who is watching her, said yesterday that he could not say whether in fact she has the disease. Her husband, Mr. Johannes Conradie died in the ambulance on the way to Addington Hospital on Friday afternoon. He said that samples of Mr Conradie's blood had been sent to the Institute of Virology in Pretoria. He stressed that at this stage it is not known whether Mr. Conradie died of the disease. Congo Fever is carried by a species of tick and is contagious. [Text] [Johannesburg THE CITIZEN in English 11 Nov 85 p 3]  
/13104

CSO: 5400/34

TANZANIA

BRIEFS

CHOLERA OUTBREAK REPORTED--Dar es Salaam, Nov 9 (AFP)--Four people have so far died in a fast-spreading new outbreak of cholera in northern Tanzania's Shinyanga Region, the official SHIHATA [word indistinct] here. A number of measures have been taken as a result of the outbreak, including the banning of sales of local brews and the roasting of meat, the agency said. Restaurants and street kiosks have been warned against selling food items such as yogurt, rice, cakes, and groundnuts, which are considered carriers of cholera viruses. Reports from Shinyanga Regional Hospital indicated that the disease, which first broke out in Tanzania in 1975, was spreading very fast, especially at Kitangari and other villages on the outskirts of Zinyanga Town. Cholera is a severe gastro-intestinal disorder, usually attributed to drinking [words indistinct] and is frequently fatal. [Text] [Paris AFP in English 1039 GMT 9 Nov 85 AB] /8918

CSO: 5400/37

UNITED KINGDOM

BRIEFS

FUNDS FOR NEW HOSPITALS--The government has agreed to spend an extra 750 million pounds--a one-third increase--on building, expanding and refurbishing hospitals over the next three years. The additional money will be enough to provide as many as 20, or even more, new 300-bed hospitals, as well as new wings and extensive improvements to existing buildings. At present about 700 million pounds is being spent yearly on new hospitals. Next year, taking into account an increase for inflation, the figure will be 750 million pounds. A 300-bed hospital costs between 15 million and 17 million pounds. The planned one-third increase will provide jobs as well as meet a desperate need for new hospital building in some parts of the country. The West and East Midlands and East Anglia in particular, will benefit. Whatever his reservations about savings he has been compelled to make in other directions, Mr Fowler, Health and Social Services Secretary, is jubilant about Treasury approval for the increase. The political importance of the planned spending in the two years up to the likely date of a general election and beyond is obvious. It will push hospital building far above anything that Labour achieved and underscore the Conservative claim that it gives a high priority to health expenditure. [Excerpt] [London THE SUNDAY TELEGRAPH in English 10 Nov 85 p 1] /8309

CSO: 5440/20

BANGLADESH

BRIEFS

CATTLE DISEASE REPORTED--Cattle disease has broken out in an epidemic form in different parts of Kurigram district. It is reported that more than 600 cattleheads died of the disease and a large number of them are suffering from the disease. The worst affected areas are Rowmari, Rajibpur, Chilmari Ulipur, Ravarhat, Fulbari; Nageswari and Bhurungamari upazilas. It is alleged that preventive measures taken by the local Lives stocks department have proved inadequate to cope with the situation. Besides an acute scarcity of curative medicines further agravated the situation and the disease is rapidly spreading to other adjoining areas. People of the affected areas have appealed to the authorities concerned to take effective measures to check further spread of the disease. Thousand of cattleheads have been reduced to skeleton while many of them are on the point of death due to acute shortage of fodder in Kurigram district. The heavy damage of IRBI and boro crops following the recent downpour and flood have caused the scarcity of fodder. Fodders such as oil cake, bron, husk etc have almost gone out of market and if available these are sold at high price. Stock of straws used as fodders and preserved from boro, aus and aman crops have recorded sharp fail this year due to heavey damage to crops. As a result thousands of cattleheads have been reduced to skeleton and are falling prey to various diseases. Some farmers told me that they were in a fix with their livestock. Many farmers being unable to feed their domestic animals are selling them at a low price. [Text] [Dhaka THE BANGLADESH OBSERVER in English 12 Oct 5 p 7] /13104

CSO: 5450/0043



TANZANIA

CATTLE VACCINE UNDER STUDY

Dar es Salaam DAILY NEWS in English 16 Oct 85 p 3

[Text]

RESEARCH is underway to find a vaccine that would arrest a cattle disease trypanosomiasis, and a Kenyan institute has already made headway in inventing vaccine cocktail tipped to arrest a crucial phase of the disease.

The October issue of a United Nations journal *Development Forum* said that the new approach involved the simultaneous introduction of a range of drugs to confront the infection in its early stage.

*Development Forum* said the United Nations Development Fund (UNDP) has released 3.8 million US dollars (71.4m/-) to the 10-year-old institute for the completion of the study on vaccine cocktail.

The vaccine is also deemed to provide effective control of the disease which causes incalculable losses to millions of people

and livestock. On the other hand, its invention brings hope of doubling the present 2 billion dollars (36bn/-) livestock production of sub-Saharan Africa.

The journal said: ".....Such a development could lead to the doubling and even tripling of Africa's 170 million cattle production making the hungry continent into net exporter of meat."

Tse tse flies which cause trypanosomiasis have infested over 50 per cent of the land in Tanzania. The disease is spread by a group of parasites that invade the blood and tissues.

Affected animals develop anaemia, become weak and lose weight. Besides, breeding animals may abort or become infertile and may die.

In man, the parasite causes fever and weakness. The disease can affect the central nervous system and lead to death.

/13104  
CSO: 5400/29

ZIMBABWE

MASHONALAND FOWL OWNERS WARNED ABOUT NEW OUTBREAK OF NEWCASTLE

Harare THE HERALD in English 6 Nov 85 p 3

[Text] Poultry owners in Mashonaland Central have been warned to watch for and report any signs of Newcastle disease among their chickens to the veterinary department immediately.

The warning has been made by the senior veterinary officer in the province, Dr Bruce Jackson, following the outbreak of the disease in the Mount Darwin area a month ago.

The disease was first identified three weeks ago after postmortems were conducted on several chickens.

Dr Jackson said a massive vaccination campaign has been launched.

Road blocks had been mounted on all roads leading out of these areas and vehicle were being searched to ensure they were not carrying chickens, chicken meat, eggs or chicken eggs.

The disease he said, was caused by a virus which spread through contact with infected chicken, chicken meat, eggs or even cages.

"Symptoms normally include depression, sleepiness, constant salivating and diarrhoeal greenish white excrement as well as a high death rate. Affected chickens usually die within two or three days." Dr. Jackson said.

He also warned travellers to comply with regulations at the roadblocks because items such as chicken, eggs, and cages would be confiscated if found.

/13104  
CSO: 5400/34

BANGLADESH

## PESTS ATTACK AMAN CROPS IN RANGPUR, SHERPUR

Dhaka THE NEW NATION in English 10 Oct 85 p 2

[Text]

**RANGPUR, Oct 9:** Aman paddy on about 50,000 acres of land in five northern districts have been invaded by pests for last two weeks and it is gradually spreading to the adjoining areas of these districts.

According to an information, 35 upazilas of these districts have already been attacked and in many places pests have caused extensive damage to crops. The worst affected districts of the regions are Rangpur, Kurigram, Lalmonirhat, Nilphamari and Gaibandha.

It is learnt that due to widespread attack of pests scarcity of insecticides has been persisting all over the region.

It is alleged that taking advantage of the situation, the unscrupulous dealers of pesticides are charging exorbitant rate from the farmers while most of them can hardly afford to purchase the same. The Agriculture Extension Department has been trying to arrest the pest attack but due to shortage of pesticides they can not meet the requirements.

While visiting the pest affected areas in Bangachara and Pirganj upazilas, the farmers told this correspondent that a kind of pest locally known as "Letha Poka" created havoc all over the areas but for want of insecticides and its exorbitant prices and shortage of sprayers, anti-pest measures are being hampered, it is alleged.

### SHERPUR

Our Sherpur Correspondent reports: Aman paddy on more

than 7,000 acres of land in Nalitabari, Jhenigati and Sherpur Sadar upazila have been attacked by pests for the last fortnight.

The worst affected villages are Nanni, Raninagar, Bagber Kalaspar, Marichpura and Belughata under Nalitabari upazila, Nalkura, Gouripur, Hatibandha, Maljhikanda, Kansha, Dhan-shail, Bhabanikhila, Nizamkhila and Choto Maljhikanda under Jhenigati upazila, Pakuria, Rouha, Bajitkhila, Lasmanpur, Kamarchar, Gazir, Khamar.

Char Sherpur, Kamrer Char, Mouhata and Kasba under Sherpur Sadar.

According to Agriculture Extension Department, Sherpur, a total of 4,000 acres of land have been attacked by pests in various areas. The Department said preventive measures have been taken, and by this time, pesticides have already spread over 3,500 acres.

Meanwhile, another report says that 2,000 acres of land have been attacked by pests in villages of Gilagacha, Bhaidanga and Sankarghose under Sreebardi upazila for last one week.

When contacted, the Assistant Director of Agriculture Extension told this correspondent that they have taken up measures to combat the pest attack in the affected areas. But, he said, pesticides which had been supplied by the higher authority to them can hardly cover 700 acres only.

The people of the area have urged the authority concerned to take positive measures for arresting pest attack in the area.

/13104

CSO: 5450/0042

BANGLADESH

BRIEFS

PESTS IN BARGUNA--Crops on about 8,000 acres of land of Barguna Sadar, Amtali, Betagi Bamna and Patharghata upazilas of the district have been attacked by pests for the last few days. According to official sources, paddy plants are being withered away as the green leaves have been eaten up by the insects, locally known as 'Pamri Poka'. The local Agriculture Extension Office is learnt to have taken prompt measure for combating the pest attack. It is learnt that due to massive pest attack, the Agriculture Extension Department has already declared emergency in the affected areas. Leaflets have been distributed among the villagers and voluntary squads have also been formed in the affected areas. [Text] [Dhaka THE NEW NATION in English 9 Oct 85 p 2] /13104

DUMURIA CROPS ATTACKED--Pests attacked standing aman crops in vast areas of land in the villages of Dumuria Upazila and damaged at least 20 per cent crops. It is spreading day by day, according to a report reaching here. It is reported that scarcity of pesticides is prevailing in the area. Farmers of the affected areas find it very difficult to combat the pest menace for want of pesticides. A leading person of the affected areas told this correspondent that farmers are purchasing pesticides at an exorbitant price. The pests locally known as Shanki Poka, created the havoc all over Upazila. The Agriculture Extension Department is trying to combat the pest menace, but the measures seem to be insufficient. [Text] [Dhaka THE BANGLADSH OBSERVER in English 18 Oct 85 p 3] /13104

CSO: 5450/0047

INDIA

#### BRIEFS

SUGARCANE PESTS ATTACK--VISAKHAPATNAM, October 10--Scale insect, a peculiar pest, has been playing havoc with sugarcane crop in Andhra Pradesh lowering its production and productivity. Among the 36 pests infesting sugarcane in Andhra Pradesh one out of 100 known in the country, the scale insect along with others has played a destructive role in reducing the area of sugarcane crop in the state from about two lakh hectares to 1.14 lakh hectares resulting in the decline of cane production from 128 lakh tonnes to 84 lakh tonnes during the last decade. Speaking to newsmen on Wednesday, the Andhra Pradesh agricultural university vice-chancellor, Dr. A. Appa Rao, said that the scale insect has been attacking the entire sugarcane crop in the state. As a result, cane juice and productivity has dropped to an alarming level--up to 40 per cent. The scale insect made its appearance in Andhra Pradesh during 1966 in the Nizamabad area and assumed epidemic proportions in coastal Andhra Pradesh in 1970-71 and is now widespread throughout the state. Canal irrigation system with a continuous flow of water from field to field, frequent floods and cyclonic weather are considered some of important factors responsible for the rapid increase of the scale insect. The pest attacks sugarcane in its advanced stage of maturity and sucks its juice. Dr. Appa Rao said scale insect-resistant varieties of cane had been developed and will be crossed with other varieties as part of the university programme to develop new varieties. This work would take about three years. Dr. Appa Rao said that Rs. six crores, allocated in the first phase of the university research programme, funded by the World Bank, helped in establishing 50 research stations throughout the state and developed several new varieties of sugarcane, rice and jowar. During the second phase, Dr. Rao said a university research station would be set up in the Chintapalli Tribal Tract land. [Text] [Bombay THE TIMES OF INDIA in English 11 Oct 85 p 7]

/12379

CSO: 5450/0050

MALAYSIA

PESTS, DISEASE HIT RICE-BOWL

Kuala Lumpur NEW STRAITS TIMES in English 25 Oct 85 p 3

[Article by Khairuddin Hassan: "Rice-Bowl Hit by Pests and Disease" "Rats and Plant Hoppers Main Crop Destroyers"]

[Text] ALOR STAR, Thurs -- The Muda Agricultural Development Authority (Mada) region, the rice-bowl of the country, is reeling from the effects of disease and other menaces.

Although an initial survey showed that the harvest this season improved slightly, this was off-set by the large areas attacked by diseases, rats and plant hoppers.

Even the controversial IR-42 padi strain has lost its resistance to the red viral disease (RVD) this season but this was discovered too late by some farmers in the Mada region who defied Government directives not to plant the strain.

Several areas planted with the IR-42 strain like Jerlun were reported to have been attacked by the RVD, the scourge of padi farmers for years.

These farmers insisted on planting the IR-42 strain because they felt it was about the only variety which could resist the RVD and its thick stalks could withstand the poorest of weather.

"However, the resistance of any padi variety to diseases, the IR-42 included, normally lasts three to four seasons. After that, they will lose their resistance," a Mada spokesman said.

"A preliminary survey showed that diseases had caused damage to padi in about 3,064.89 hectares in Mada in the first planting season of this year."

Major Menaces

Ironically, the worst menace to the padi industry for this season is not the RVD (which in 1983 destroyed \$10.3 million worth of padi in the Mada area) but rats and other pests which previously were not rated as major menaces to the industry in the Mada area.

"This season, rats struck in 336.39 hectares of padi fields in the Mada area. The area to be badly hit was the Mada Area Two (Kitra) where padi in some 105.68 hectares was destroyed.

"In the first planting season last year, the rats were responsible for destroying padi in only 290.8 hectares," the spokesman said.

The threat from rats in the Mada area appears to be increasing over the years.

Records show that in 1982, rats were responsible for destroying padi in about 100 hectares but this rose to 1,116 hectares the following year. In 1984, the affected areas increased to 6,794 hectares.

The white back plant hopper was also cited as a growing danger to the industry. This insect not only destroys the leaves and stems of the padi plant but also transmits viruses.

This season, it struck in 1,086.31 hectares of padi land against only 236.82 hectares during the same period last year.

The Mada Area Two is again the worst hit by the white back plant hopper. The area attacked by this insect increased seven-fold from 70.79 hectares in the first planting season last year to 473.4 hectares this season.

/12851

CSO: 5400/4326

MEXICO

BRIEFS

INSECTICIDE MISUSE, MALARIA LINKED--Tuxtla Gutierrez, 21 September--  
One of the main causes of the malaria which occurs in 100  
municipalities of this state is the indiscriminate application of  
insecticides for agricultural use, affirmed Jaime Grajales Albores,  
head of the Program for Control of Malaria of the Secretariat of  
Public Health. He said that the highest incidences of this disease  
are to be found among those living in the jungle, in the mountains,  
in Soconusco, and in the border region. [Excerpts] [Mexico City  
EXCELSIOR in Spanish 22 Sep 85 STATES section p 2] 12467/12781

CSO: 3248/24



NIGERIA

QUELEA BIRDS, GRASSHOPPERS INVADE GONGOLA FARMLANDS

Kaduna NEW NIGERIAN in English 2 Nov 85 p 16

[Article by A.B. Tapidi]

[Text]

QUELEA birds, grasshoppers and other voracious pests have destroyed several hectares of farmlands in two local government areas in the Savannah region of Gongola State.

Although, harvesting of cereals and other crops are now going on in the areas, farmers in Numan and Guyuk local governments are now battling with the pests to save their crops.

As a result of the destruction of several hectares of farmlands around Rivers Benue and Gongola, it is now feared that the harvest will be poor in the affected areas.

The *New Nigerian* learnt that swarms of the pests were found mostly around the sugar cane plantations of the Savannah Sugar Company areas as well as other settlements near the two rivers in Numan and Guyuk local government areas.

The first outbreak was reported between April and May this year, around the same areas. The situation was brought under control when a massive aerial spraying operation was launched by a

team of experts to eliminate the pests.

The second outbreak was reported barely one month after the first operation. As at that time, crops with short gestation period such as rice, maize and sorghum which were ready for harvesting were damaged.

The *New Nigerian* was told that the second massive operation which was launched immediately ran into a hitch because of inadequate equipment, chemicals, aviation fuel and spare parts for the chartered aircraft used to check the menace of the pests.

The Jauro of Bayam Dutse in Guyuk Local Government area of the state, Malam Goro Bayan Dutse, told the Sole Administrator, Alhaji Mohammed Inuwa Gassol who visited the farmlands ravaged by the pests that the situation was pathetic and appealed for immediate assistance before more havoc could be done to the crops.

Malam Goro said the pests had already damaged several farmlands where crops had matured and were ready for harvesting.

/9317  
CSO: 5400/41

NIGERIA

ESTIMATIONS OF BLACK POD DAMAGE TO COCOA CROPS

Kaduna NEW NIGERIAN in English 4 Nov 85 pp 1, 3

[Article by Aliyu Biu]

[Text]

COCOA worth 100 million Naira in foreign exchange would be lost this year because there are no chemicals to protect it from a deadly disease—black pod.

Deputy Chairman of Cadbury Nigeria Limited, Mr. C.R. Clarke, said in a paper titled: "Lessons from Industry" at a seminar organis-

ed by the Agricultural and Rural Management Training Institute, Ilorin, that the crop would have fared better if we had imported chemicals worth four million dollars.

He said that this season's cocoa crop was expected to be the best for more than five years due to favourable weather.

"But as many of you know, black pod is now rife and a significant proportion of a potentially excellent crop will be lost. The whole crop could have been protected if we had imported the chemicals, he said.

This year, Mr. Clarke said, Nigeria was to hit a record target of 180,000 tonnes of cocoa but because of lack of chemicals, the yield will drop to 110,000 tonnes, the lowest level since 1956.

The Deputy Chairman said that the company which imports Ferenac and Gammalin 20, received a "tiny" import licence this year, "even though the consequences were fully explained to officials in the Ministry of Commerce and Industry".

He said "a case of false economy certainly, but also an example of a lack of understanding of the essential linkages in farming and agro-allied ventures."

The Deputy Chairman suspects a lack of communication between the Ministries of Agriculture and Commerce and Industry.

Mr. Clarke said that while it is easy to plan and predict projects with considerable reliability, "in farming you don't control the weather pattern."

/9317  
CSO: 5400/41

NIGERIA

# QUELEA BIRDS DESTROY RICE IN LAU

Kaduna NEW NIGERIAN in English 14 Nov 85 p 2

[Text]

ABOUT 128 metric tonnes of paddy rice valued at about N1 million was lost to quelea birds in the rice project of the Upper Benue River Basin and Rural Development Authority, Lau, Gongola, in September, project supervisor, Mr. Danjuma Mamtso, said yesterday in Lau.

He told a News Agency of Nigeria (NAN) correspondent that the damage done by the birds had discouraged farmers from further cultivation of rice.

The supervisor said that quelea birds ate up a hectare of rice belonging to the authority while the participating farmers lost 17 hectares out of 34 hectares.

Mr. Mamtso told NAN that there were no spraying facilities in the farm this year, adding that as a result, much damage was recorded in the

farm.

He said that the project had to use local system to destroy the birds by pressing down the grasses where the birds laid eggs and that chemicals were sprayed in the stagnant water used by the birds.

"By this practice many birds were destroyed but the success of destroying them could be achieved by using aerea spray," the supervisor said.

Mr. Mamtso said that 350 hectares of land had been developed for both rice and maize out of the 500 hectares earmarked in the area.

He said that 114 tonnes of maize was expected to be harvested this year from the 72 participating farmers, pointing out that there were 29 rice farmers in the project area. (NAN).

/12851

CSO: 5400/49

NIGERIA

BRIEFS

**RATS DESTROY MAIZE FARMS**--Giant-sized rats which invaded the maize farms of Tarada Irrigation Project of the Upper Benue River Basin and Rural Development Authority at Cassol, Gongola, have destroyed newly planted maize, estimated at N102,000 according to an investigation by a correspondent of the News Agency of Nigeria (NAN). The correspondent who went round the affected farm on Thursday reported that the damage done by the rats was so great that the whole farm had to be re-planted. The Public Relations Officer of the authority confirmed the incident and said that the farm also suffered another setback as a result of a fire which destroyed its produce. He explained that measures had been taken to guard against a re-occurrence of the incident. The correspondent also gathered that pilfering of farm produce in the farm had reached an alarming rate and that a 24-hour surveillance was now being mounted. (NAN) [Text] [Kaduna NEW NIGERIAN in English 4 Nov 85 p 21] /9317

**MONKEYS INVADE BAUCHI FARMS**--Monkeys have invaded Bauchi State which expects one million metric tonnes of grains harvest this year. Most of the crops, including millets, maize, beans and fruits among others that flourished as a result of the favourable rainfall recorded this season, were now being ravaged by brown-skinned monkeys and birds. Already, peasant farmers in the Gombe and Deba areas of the state are worried over the new monkey attack. A big-time farmer in Bauchi, Alhaji Sanni Mohammed who hails from Deba, while lamenting on the monkey invasion, said that the situation called for immediate attention. "We cannot lose all the blessings of a bumper harvest to roguish monkeys," he said. Alhaji Sanni said that the provision of adequate storage facilities for food items like tomatoes, corn, vegetables and beans in all the local government areas of the state had become imperative with the banning of rice and maize in the country. [Text] [Lagos DAILY TIMES in English 29 Oct 85 p 24] [Article by Aham McNathan] /9317

CSO: 5400/43

TANZANIA

BORER BEETLE DEVASTATING CROPS

Harare THE HERALD in English 24 Oct 85 p 12

[Text] Tabora--The 1984 harvest season was disastrous for Stephano Kishiri, a peasant farmer in the semi-arid plains of northern Tanzania.

As a result of devastating drought he harvested only five bags of maize from his 1,5 ha farm, compared to a normal harvest of 20 bags. He stored two of the bags for food and seed in the next planting season, but within a month discovered a strange beetle had turned the grain into useless powder and husks.

In the same neighbourhood, James Peter, an American-born farmer who moved to Tanzania 10 years ago, put a 90 kg bag of maize into storage. But when he opened the bag two months later he found: "It was all pulp and beetles. It weighed less than half of its original weight."

Like many other farmers in Tanzania, Cde Kishiri and Cde Peter are battling against an unfamiliar new pest which is causing severe damage to stored grain.

It mercilessly attacks all kinds of grain. Although its favourite target is maize, East Africa's staple food, sorghum, wheat, cassava, rice, beans and groundnuts are also attacked during storage. When there is no food to be attacked, wood, rubber, plastic containers, sisal bags and even clothes fall victim.

The villain is Prostephanus Truncatus beetle, commonly referred to as the greater grain borer. It was spotted in the Tanzanian central region of Tabora in 1980, the first recorded instance of the pest in Africa.

The borer is believed to have been imported into Tanzania through food aid from Central America, where it is an established pest. It has also been tracked in Brazil, Colombia and in the southern states of the US.

It has now struck over half of Tanzania's mainland regions, and there is great fear it might have crossed the border northwards to Kenya and southwards to Zambia. A large quantity of maize sold at a farmers' market less than 160 km from the Kenyan border last June was found to be infected.

Scientists complain the beetle is difficult to spot until well established, and can leapfrog from one district to another 100 km away.

What has surprised everyone is the extent of destruction caused to Tanzania's crops. In developed countries the beetle has been controlled through harvest methods and the use of the pesticide permethrin. In Central America it is eaten in the larva stage by a predator insect.

In Tanzania, control has proved more difficult. According to a study in Tabora, a 40 000 square mile region which has suffered tremendously from the wrath of the borer, the beetle can destroy up to 70 percent of a stored grain supply in a period of three to six months.

Although national figures on the destruction have not yet been compiled by agricultural officials, peasants who count themselves lucky to have escaped the famine find it chilling that the beetle can destroy a 90 kg bag of grain within a week. Tabora, which suffered a serious food shortage during last year's drought, lost a further 115 878 tonnes of maize to the pest.

In a report on the activities of the Tanzanian borer, British scientists Peter Bolob and Richard Hodges of the Tropical Products Institute said: "No other storage pest has been recorded as causing such severe damage in farmers' stores after such a short period."

The present harvest is expected to feel the effect of the borer even more profoundly than earlier ones. Because of the drought, there has been little grain to store in the past four years, and each bag lost to beetles is noticed.

The borer is slightly bigger than another beetle familiar to the area, earning it the nickname "Scania" after the heavy Swedish-built trucks that ferry fertilisers and other supplies to the farmers.

The adult borer works its way between the sheathing of cut maize stalks, where it breeds as well as feeding on the kernels. The young then eat their way out, leaving the sheath of the cob riddled with tell-tale holes.

When it feeds it produces an odd rattling sound. Says Cde Kishiri of the sound he used to hear inside his mud-build hut: "It was like a muffled milling machine."

Immediate shelling of maize is one proven method of control, as the borer prefers it while still on the cob.

Another method is the use of permethrin. Farmers are being supplied with the insecticide and advised how to use it.

Although chemical control has so far proved effective, some farmers still feel that traditional storage in their houses is an adequate method of controlling the borer.

Most traditionally store their maize on the cob with husks intact, piling it on platforms known as dari, raised about two metres above the floor of their homes. Usually the platform is constructed in the kitchen area so that the stored cobs are continually subjected to smoke from the cooking fire.

Martha Urrio, a farmer living 35km east of Arusha, shudders at the mere mention of the "Scania." He says: "The insect is very dangerous. It is a devil. It caused me a lot of damage last year. Now I put all my maize up on the dari and smoke is helping keep the pest away."--Gemini

/9317

CSO: 5400/39

VIETNAM

## HAI PHONG FIGHTS RICE INSECTS AND DISEASES

Hanoi NHAN DAN in Vietnamese 4 Oct 85 p 2

[Article: "In Hai Phong, Tens of Thousands of People Go to the Fields To Eliminate Insects and Diseases and Save the Rice"]

[Text] Nearly 50,000 hectares of 10th month rice in Hai Phong have been transplanted on schedule and fertilized in accordance with the technical procedures, and are developing rather well. Nearly all of the rice is standing. Harvesting has begun on much of the early rice.

But during the past several days insects and diseases have continued to develop. On more than 10,000 hectares of rice insects and diseases, especially stem borers, rice hispa, white rice leafhoppers, brown rice leafhoppers, leaf rollers, rice blast, and silver-leaf disease, have infected nearly all rice plantings. Rice-damaging mice are also developing.

The crop insurance corporations in the districts have sent cadres to the production units to help the peasants eliminate insects and diseases. During the past few days tens of thousands of people have gone to the fields in Hai Phong to tend the 10th month rice and prevent and eliminate insects and diseases. Every night there appear in the fields around the city tens of thousands of moth trap lights. Rice-harming insects and diseases in Hai Phong are gradually being repulsed.

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VIETNAM

INSECT PREVENTION, CROP CULTIVATION REPORTED

Hanoi HANOI MOI in Vietnamese 29 Sep 85 pp 1, 4

[Article: "Emulation in Completing State Plan: Campaign Launched To Eradicate Insects and Diseases, Overall Efforts To Protect Tenth-Month Rice Crop; Many Districts Started Winter Crop, Practiced Intensive Cultivation With Good Results"]

[Text] Just freed from a phase of fighting against a bad waterlogging disaster, and while recuperating for the restoration of production activities, suburban cooperatives had to embark into a new struggle: fighting insects and diseases to protect the tenth-month rice crop, and starting up the winter crop, ensuring intensive cultivation and high efficiency.

Almost all districts have launched drives to deter and eradicate insects and diseases, mobilized the citizens in using gas lights to trap moths, and used all prevention measures to the utmost extent. Due to these efforts, some areas, such as Me Linh, Soc Son, Ba Vi and Dong Anh, experienced a slight decrease in insect and disease onslaught. In the last 10 days of September, Me Linh District caught 2 million stem borers, and over 560,000 other insects. Soc Son District, also after only 10 days of effort, saw a visible reduction of insect density in all areas. However, the combined attack of insects and diseases will continue unabated. From now until 15 to 20 October, many types of insects will appear in abundance, primarily stem borers, brown leaf hoppers, ear-cutting caterpillars, etc.

At an interagency meeting in the morning of 28 September at the municipal people's committee, Comrade Nguyen Cong Tan invited districts and cities to pay special attention on this problem. He urged them to fight the lack of alertness, to concentrate every effort to fight insects and diseases from now until 15 October, and to resolutely protect the tenth-month rice at the safest level. The comrade also reminded agencies to mobilize all available forces and integrate prevention measures with mass movements in order that this prevention phase be successful.

In terms of the winter crop, all districts exerted much effort not only for ensuring the planting of planned areas, but also for high-intensity cultivation. Attention has been focused on food plants such as potato, sweet potato, corn, and next, on various types of vegetables. As examples, Dong Anh District is striving to plant 2,300 ha for the winter crop, including 700 ha

of potato, 500 ha of sweet potato, and 300 ha of corn; Me Linh District is planting 500 ha of potato, 200 ha of corn, and 750 ha of various types of vegetables; Soc Son District is launching a campaign inviting each family and each individual to plant vegetables; and Ba Vi District is planting 2,500 ha for the winter crop, including 1,300 ha of corn, sweet potato and potato.

In the winter crop, we must see to it that proper scheduling be observed and that intensive cultivation be assured in order to achieve good results. Noting these tasks, Comrade Nguyen Cong Tan suggested that districts and cities make necessary changes to implement intensive cultivation for the winter crop, strive to create exemplary patterns, and generalize the application of technical progress in production. The comrade also again cited the necessity to rapidly overcome the harmful effects of waterlogging and to actively plan for the improvement of the people's living conditions, primarily of those living in areas affected by serious flooding.

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INSECT, DISEASE PREVENTION--On 24 September 1985, the municipal people's committee sent an urgent telegram to district and city people's committees urging the launching of a popular movement to fight insects and diseases to save the rice crop. Highlights of the message: "As reported by the Agricultural Department, from now until mid-October, there will be an outbreak of many types of insects, diseases and rat infestations that may cause serious harm to the tenth-month rice main crop which is blooming in large areas. The fifth generation of stem borer moths have appeared in large numbers: 3,500 to 7,000 moths per gas light per night. From now until 5 October, those moths will attack many other places and may be as high as 10,000 insects per gas light per night. Year-old brown leafhoppers appeared abundantly in Dan Phuong on tasseled sweet rice, with a density of 5,000 insects per sq m. This insect will proliferate and will attain 10,000 per sq m in vast areas on 15 October. Rice-ear-cutting caterpillar moths also begun to be seen in profusion; this insect's young will cause heavy damages from late September to early October. Leaf folders, mealy bugs, rats and aphelenchoides oryzae disease can also cause heavy damage from now until mid-October. The standing committee of the municipal people's committee hereby requests districts and cities: 1) To urgently mobilize the whole population in catching stem borers with gas lights from now until 5 October, primarily in districts with high insect density, such as Thach That, Son Tay, Ba Vi, Phuc Tho, Dan Phuong, Me Linh, Soc Son and Dong Anh, and in using chemical insecticides for insect eradication under the guidance of vegetative protection agencies; 2) to regularly inspect ricefields where brown leaf folder prevention measures have been applied from now until mid-October. Properly use prevention measures to fight leaf folders, ear-cutting caterpillars, mealy bugs and rats, and safely protect the tenth-month rice crop. The Agricultural Department, districts and cities shall have the responsibility for providing guidance in the execution of the above tasks and for reporting results to the Municipal People's Committee." [Text] [Hanoi HANOI MOI in Vietnamese 25 Sep 85 p 1] 9458/12947

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